MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34585

File No. 4[illegible]1

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 4138, Virginia St. ..... Ward)

2. FULL NAME Andrew R. Allcorn

(a) Residence, No. 4138 Virginia St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Frances Elizabeth Allcorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Missouri City
(STATE OR COUNTRY) Missouri

FATHER

13. NAME James M. Allcorn

14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Amanda Saunders

16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Frances Elizabeth Allcorn
(ADDRESS) 4138 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri City, Mo. DATE Oct. 25, 1931

19. UNDERTAKER C. H. Newcomer's Sons
(ADDRESS) Kansas City, Missouri

20. FILED 10/24, 1931 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 23, 1931

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
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	132 D
131	

Other contributory causes of importance:

Nephritis Chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James T. Ferguson, M. D.

(Address) 201 W. 12th Bank Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

201 West Side Bank Bldg.
12th + Broadway
11:30 - 12:15 ; 1:30 - 6:30