

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.

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

Do not use this space.

7 MAR 24 1934

11587

1. PLACE OF DEATH

101 County Shannon Registration District No. 823
2 Township Lawrence Primary Registration District No. 4498
1 City Winona (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James Harmon Alcorn
(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Alcorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-31-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 4

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Harmon Alcorn

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

15. MAIDEN NAME Smith

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

17. INFORMANT Wm Alcorn (ADDRESS) Lawrence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Winona DATE 3-6-1934

19. UNDERTAKER Wm (ADDRESS)

20. FILED 3-6 1934 Wm Alcorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-13- 1934, to Mar-5- 1934

I last saw him alive on Feb-18- 1934. Death is said to have occurred on the date stated above, at 8 P m.

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

Carcinoma of Liver Date of onset

Other contributory causes of importance: 46E 46

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) Frank Hyde, M. D.

(Address) Winona Mo

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