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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No. 26179
Township St. Francois — Primary Registration District No. 6018A — Registered No. 105
Near City ~~Farmington, Mo.~~ (No. ..., ... St. ..... Ward)

2. FULL NAME Grant Alcorn
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Etta Harris Alcorn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 64 — MONTHS ? — DAYS ? — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective
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): Noble Ill.

FATHER
13. NAME: Wm. Edgar Alcorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Mary Jane Van Dolah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Olney, Ill. DATE 7-17 1934
19. UNDERTAKER (ADDRESS): Cozean Undertaking Co. Farmington Mo.
20. FILED 7-17 1934 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934, to July 15, 1934
I last saw him alive on July 15, 1934. Death is said to have occurred on the date stated above, at 11:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	7/14/34

Other contributory causes of importance:

Arteriosclerotic Psychosis	11/1/33

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) C. C. Quilt, M. D.
(Address) Farmington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 10 1934

10GM-11-24-33