

1938 JAN 20 1939

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

44241

Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 735  
(b) Township Madison Primary Registration District No. 3034  
(c) City Madison (d) Street No. 616 N. Carpenter St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa May Alcorn

(a) Residence, No. 616 N. Carpenter St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6<sup>th</sup> 1858  
7. AGE YEARS 80 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as 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) Ohio

13. NAME Tham Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Catherine Coleman

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

17. INFORMANT (ADDRESS) Mrs A D Shells  
Madison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Mo DATE Dec 13<sup>th</sup> 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahon and Son  
Madison Mo

20. FILED Dec 13, 1938 Ethel Carter  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11<sup>th</sup> 1938

22. I HEREBY CERTIFY, that I attended deceased from 1937 to Dec 11<sup>th</sup> 1938

I last saw him alive on Dec 11<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 2:55 a.m.

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

Cerebral Hemorrhage  
Paralysis of Throat  
Date of onset

Other contributory causes of importance: 8241

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) M. D.

(Address) Madison Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-1010

Date Filed 1-9-29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Maabey Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.