

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.

RECEIVED 6

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

Do not use this space.

3267

1. PLACE OF DEATH

County New Madrid

Registration District No. 603

Township West

Primary Registration District No. 4357

City St. Louis (No. 51)

File No. _____

Registered No. _____

2. FULL NAME

Marilyn June Alcorn

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Madrid County (STATE OR COUNTRY) Missouri

13. NAME Dale Alcorn

14. BIRTHPLACE (CITY OR TOWN) Clay County (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Elma Hendler

16. BIRTHPLACE (CITY OR TOWN) Scott County (STATE OR COUNTRY) Missouri

17. INFORMANT Dale Alcorn (ADDRESS) St. Louis, Mo.

18. BURIAL Memorial Park PLACE St. Louis, Mo. DATE July 22, 1937

19. UNDERTAKER H. W. Welch (ADDRESS) St. Louis, Mo.

20. FILED John Parriah REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:20 a.m.

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

From record
Asphyxiation

Other contributory causes of importance:

Found dead in creek
apparently all signs
of asphyxiation

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 Feb'y 21, 1937

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

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

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) J. A. Beck, M.D., Coroner

(Address) New Madrid, Mo.

