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

REC'D JUN 13 1939

18813
Do not use this space.

1. PLACE OF DEATH
(a) County Iron
(b) Township Union
(c) City Annapolis
(d) Street No. ..... 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.

Registration District No. 390
Primary Registration District No. 5545
Registered No. 11

2. PRINT FULL NAME 4-2-6 Sarah Elizabeth Alcorn
(a) Residence, No. Annapolis Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~male~~ Fem
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	6	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
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) ~~house wife~~ Unknown VS

FATHER
13. NAME William H. Sutton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Sarah Catherine Ruble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Joe Alcorn
(ADDRESS) Annapolis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Annalopis Mo. DATE April 7 1939

19. FUNERAL DIRECTOR Norman White & Sons
(ADDRESS) Ironton Mo. 0 352

20. FILED 6/9 1939 B.C. Mercer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939 to April 7, 1939
I last saw her alive on April 6, 1939. Death is said to have occurred on the date stated above, at 9.40A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	4/4/3
Other contributory causes of importance:	
Cerebral Hemorrhage	4/6/3

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) G. C. Auson, M. D.
(Address) Ironton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)