

FILED MAY 14 1949

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

Do not use this space

15708

1. PLACE OF DEATH

County St. Francois Registration District No. 33 File No. 194
Township Randolph Primary Registration District No. 6024B Registered No. 6
City Leadwood (No. 1) St. Ward

2. FULL NAME HENRY ALCORN

(a) Residence, No. Leadwood St. Ward Rural 0
(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 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 Laura Alcorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 17

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

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

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graniteville, Iron County Mo.

13. NAME William Alcorn

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harold Alcorn
(ADDRESS) Leadwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River, Mo. DATE April 3, 1949

19. UNDERTAKER Stanley H. Bisher 761
(ADDRESS) Freshericktown Mo.

20. FILED 5/9 1949 W. E. Aubuchon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 1 - 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct - 19 1936, to April 1 1941
I last saw him alive on April 1 1941. Death is said to have occurred on the date stated above, at 10^{am}.
The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular disease
Date of onset 1930

Other contributory causes of importance:
Arteriosclerosis generalized & venous

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? no
If so, specify

(Signed) John W. Kuyper M. D.
(Address) Leadwood Mo.

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.

1940
~~1441~~
1525

153
6
9
4
17

1941
1578
1565

Embalmed by Stanley H. Dixon
Fredericktown, Mo.
Embalmer's License # 4193