

AUG 29 1931

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

Do not use this space.

24088

1. PLACE OF DEATH

County Wright
Township Pleasant Valley
City Marionville (No.)

Registration District No. 907
Primary Registration District No. 6221

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mamma Alcorn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9 - 1860</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>5</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Dec. 1930</u>	
11. Total time (years) spent in this occupation <u>50 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seymour Mo</u>		
MOTHER FATHER	13. NAME <u>William Alcorn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. R. C. Alcorn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cemetery</u> DATE <u>6-5-31</u>		
19. UNDERTAKER (ADDRESS) <u>H. E. Clifton</u>		
20. FILED <u>June 3, 1931</u> <u>J. H. Fuson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1931

22. I HEREBY CERTIFY That I attended deceased from June 10, 1931, to June 3, 1931.
I last saw him alive on June 2, 1931. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Stomach Date of onset 46.3
Other contributory causes of importance: 46.3
46.3

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) E. F. Finkle M. D.
(Address) Seymour Mo.

7-11-50