

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

30665

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 08331
 City..... (No.)..... St..... Ward.....

2. FULL NAME Mary Jane Alcorn

(a) Residence. No. 4506 Clayton St., NO 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Alcorn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wellsburg, W. Va.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Van Dold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT J. W. Alcorn
 (Address) 5630 Selmer av

15. FILED 11 16. Marie Starceff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9th 1921

17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1921 to Nov 9 1921 that I last saw h. alive on Nov 9th 1921, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

107A
 (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) W
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT PLACE OF DEATH? W

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) M. W. Pseudomonas, M. D.
Nov 9, 1921 (Address) Monroeville Bank

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Olney Ill. DATE OF BURIAL Nov. 12 1921

20. UNDERTAKER Wagoner ADDRESS 3621 Olive St

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.

