

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

Do not use this space.

29492

1. PLACE OF DEATH

County Howell Registration District No. 387
Township Day Creek Primary Registration District No. 5540
City..... (No.....) St..... Ward.....

File No.....
Registered No. 11
St..... Ward.....

2. FULL NAME Lafayette Grant Alsop

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 4 7

8. OCCUPATION OF DECEASED 150
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) General farming
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Howell Co. Mo.

10. NAME OF FATHER J. P. Alsop

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

12. MAIDEN NAME OF MOTHER Mary Emerson

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

14. INFORMANT L. E. Alsop
(Address) Willow Spgs Mo

15. FILED 9-14-33 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11-1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1933, to Sept 11, 1933, that I last saw him alive on Sept 11, 1933, and that death occurred, on the date stated above, at 1:25 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Nephritis Probably Glom.

days (duration) yrs. mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physical findings + chemical analyses
(Signed) P. D. Coop, M. D.

9-11-1933 (Address) Patrona, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burnham Cemetery DATE OF BURIAL 9/14/1933

20. UNDERTAKER P. R. Burns ADDRESS Willow Springs Mo

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.

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OCT 20 1933

