

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

Do not use this space.

32907

7

1. PLACE OF DEATH

County Howard Co. Registration District No. 389
Township Howard Primary Registration District No. 5543
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

E. Monroe 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Alsop
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-15-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 17

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn -

PARENTS
10. NAME OF FATHER Elijah Alsop
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn -
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Cecil Dawson
(Address) Dawson Mo.

15. FILED Oct 5 1933 H. A. Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-3-1933

17. HEREBY CERTIFY, That I attended deceased on Oct 2, 1933 to Oct 2, 1933 that I last saw him alive on Oct 2, 1933 and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

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

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Gullee, M.D.

, 19 33 (Address) Northonong 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 DATE OF BURIAL
State Line Ark Oct-4 1933

20. UNDERTAKER ADDRESS
No undertaker

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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