

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.

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

Do not use this space.

1. PLACE OF DEATH

County DunklinRegistration District No. 288Township KennettPrimary Registration District No. 417City Kennett (No. _____)File No. 4466

Registered No. _____

St. _____ Ward _____

2. FULL NAME Miles W. 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 3 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Alsop6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17-18747. AGE 59 YEARS 18 MONTHS 4 DAYS

If LESS than a day, ... hrs. or min.

OCCUPATION

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

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) Oct 25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER FATHER

13. NAME Washington Alsop14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) Chas. Alsop

18. BURIAL, CREMATION, OR REMOVAL

PLACE DunklinDATE 2/719. UNDERTAKER (ADDRESS) Leitch Farm Co

20. FILED _____

19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 6, 1934I last saw him alive on Feb 5, 1934 Death is saidto have occurred on the date stated above, at 8:05 am.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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) Paul Redinger, M. D.(Address) Kennett Mo

CAUSE OF DEATH in human beings, and so that it may be properly classified, the statement of OCCUPATION, STATEMENT OF AGE, SEX, RACE, and other facts, shall be given in the following order: 1. NAME, 2. SEX, 3. AGE, 4. RACE, 5. OCCUPATION, 6. CAUSE OF DEATH, 7. OTHER FACTS.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dunklin

Registration District No. 288

Township Summit

Primary Registration District No. 4172

City Summit (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 60 19

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

13. NAME Washington Clump

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

15. MAIDEN NAME Ida Clump

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

17. INFORMANT (ADDRESS) Ida Clump

18. BURIAL, CREMATION, OR REMOVAL PLACE Ida Clump DATE 2/4 1934

19. UNDERTAKER (ADDRESS) Ida Clump

20. FILED May 7 1934 Ida Clump Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 6 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 - 1934 to Feb 6 - 1934

I last saw him alive on Feb 5 - 1934 Death is said

to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death, and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) Paul Baldwin M. D.

(Address) Summit Mo

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