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.

DEC 18 1935

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

Do not use this space.

35791

1. PLACE OF DEATH
County Greene
Registration District No. 318
File No.
Township
Primary Registration District No. 2001
Registered No. 616
City Springfield (No. 766 E. Commercial St. Ward)

2. FULL NAME Josephine Alsup
(a) Residence, No. 766 E. Commercial 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 Female
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 Thomas E. Alsup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1860

7. AGE YEARS 75 MONTHS 7 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home
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) Ark.

FATHER
13. NAME J. J. Ware
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Duckworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Thomas E. Alsup Springfield - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE Nov 21, 1935

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield Mo.

20. FILED 11-21, 1935 R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Nov 19th, 1935
I last saw her alive on Nov. 19th, 1935. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	11/18/35

Other contributory causes of importance:
Chronic Nephritis
Arteria - Sclerosis
Senility
Indefinite

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Sale 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) W. P. Patterson, M. D.
(Address) Springfield Mo