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

SEP 21 1936

Do not use this space.

30163

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 121
Township ..... Primary Registration District No. 30 6 9
City Cape Girardeau (No.) St. Francis Hospital St. ..... Ward)
File No. .....
Registered No. 288

2. FULL NAME James N 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Jennie May Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Owensboro Ky.

FATHER
13. NAME: James M. Alsop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ky

MOTHER
15. MAIDEN NAME: Mary E. Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newburyport Mass

17. INFORMANT (ADDRESS): J. W. Hunter Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owensboro, Ky. DATE Aug 13 1936

19. UNDERTAKER (ADDRESS): McCombs Funeral Home Co Jackson Mo

20. FILED Sept 1 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1936, to Aug 11, 1936,
I last saw him alive on Aug 11, 1936. Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Aspiration Pneumonia	8-11-36
Urethral stricture &	
urinary retention.	

Other contributory causes of importance: Senility 93 10

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy Exam 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 R Brosbaum, M. D.
(Address) 201 E Broadway Cape Girardeau Mo

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD