

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

Do not use this space.

1. PLACE OF DEATH

County Union Registration District No. 288

Township Independence Primary Registration District No. 2406

City Wong Kennedy Mo. St. 2 Ward 1

2. FULL NAME

(a) Residence, Mo.

(Usual place of abode)

Length of residence in city or town where death occurred

St.

Ward.

(If nonresident, give city or town and State)

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

Della glass alsup

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

Oct-8-1889

7. AGE

YEARS

47

MONTHS

7

DAYS

3

If LESS than 1 day, hrs. or min.

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm Work

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)

Kennett Mo

13. NAME

Anderson alsup

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

Kentucky

15. MAIDEN NAME

Amanda Camp

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

Kentucky

17. INFORMANT (ADDRESS)

Wm C. alsup

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cemetery DATE May-12-1937

19. UNDERTAKER (ADDRESS)

La Foy Undertaking Co. Louisville Mo.

20. FILED

6-7-1937

Shubert Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-11-1937

22. I HEREBY CERTIFY, That I attended deceased from May 10-1937 to May 11-1937

I last saw him alive on May 11-1937. Death is said to have occurred on the date stated above, at 12:30 P.m.

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

Cerebral Haemorrhage

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 19 none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) J. P. [Signature] M. D.

(Address) 123 [Address]

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