

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.

MAY 20 1936

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

Do not use this space.

10257

1. PLACE OF DEATH

County Greene Registration District No. 944
Township Taylor Primary Registration District No. 5438
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

John Benjamin 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Alsop
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1850
7. AGE YEARS 85 MONTHS 10 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Greene (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Alsop

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

MOTHER 15. MAIDEN NAME Mary Slaughter

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

17. INFORMANT Mrs. Sam Jones (ADDRESS) Turner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem DATE March 8, 1936

19. UNDERTAKER Helly and Ferrell (ADDRESS) Keokuk Mo.

20. FILED May 9, 1936 Clyde Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to 3/6, 1936, 1936
I last saw him alive on 12/12, 1935, 1935. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Asphyxia

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

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) C. C. [Signature] M.D.

(Address) _____

