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

Do not use this space.

23815

1. PLACE OF DEATH
89 County Ray Registration District No. 744
Township Richmond Primary Registration District No. 5976B
City Hennetta (No. ..... St. ..... Ward)
File No. .....
Registered No. 57

2. FULL NAME Mrs Eda M. 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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Stephen Alsop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 235
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) Chariton Co. Mo.

FATHER
13. NAME David Mason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Nancy E Shoolins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) William F. Smith Kansas City Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin Cem DATE 7-14 193[illegible]

19. UNDERTAKER (ADDRESS) A W Mansur Richmond Mo.

20. FILED 7-18 1932 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11 1932, to July 12 1932
I last saw h[illegible] alive on July 12 1932 Death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto gastro enteritis	
9.31	
1700	

Other contributory causes of importance: myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? P E 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) H M Griffith, M. D.
(Address) Richmond 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