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.

FEB 17 1937

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

Do not use this space.
1113

1. PLACE OF DEATH
County: Dozoard
Township: Franklin
City: New Franklin No. ..., ... St. ..... Ward)

Registration District No. 380
Primary Registration District No. 4224

File No. .....
Registered No. 4

2. FULL NAME Mrs Eileen Freeman 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: 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: Webb S. Alsop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/20/1886

7. AGE: Years 50 | Months 3 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year): Jan. 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co. Alabama

FATHER
13. NAME: J. R. Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER
15. MAIDEN NAME: Eliza Roquemore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

17. INFORMANT (ADDRESS): W. S. Alsop New Franklin, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Pleasant DATE: 1-31-37, 19

19. UNDERTAKER (ADDRESS): A. L. Duncan New Franklin Mo.

20. FILED 1-30-, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Jan 29, 1937
I last saw her alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 4:23 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver (Secondary)	Unknown
Carcinoma Lymph Gland (Secondary)	
Supra-clavicular (Secondary)	

Other contributory causes of importance:
Carcinoma of Breast (Left) 1934

Name of operation: Mastectomy for chemicals Date of: Dec 1934
What test confirmed diagnosis? none 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) G. L. Chamberlain, M. D.
(Address) New Franklin Mo