22 1928

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

Do not use this space.

34435

1. PLACE OF DEATH
County Pike — Registration District No. 688
Township — Primary Registration District No. 4412 — File No.
City Frankford (No. Frankford Inn St. Ward) — Registered No. 144

2. FULL NAME Jeannie Alls

(a) Residence (Usual place of abode) No. Frankford St., Ward. (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin Alls

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-21-1869

7. AGE — Years: 59 — Months: 8 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmers Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: John Galbreath
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): unknown

14. INFORMANT: Fannie Robinson
(Address): Kansas City Mo

15. FILED: Oct 16 1928 — Mattie E Unseed, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-12 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct-6 to Oct 12 1928, 19..... that I last saw her alive on Oct-10 1928, 19..... and that death occurred, on the date stated above, at 5-35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach

(duration) yrs. 10 mos. 0 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Microscopic

(Signed) W. Neil Johnstone M.D., M. D
, 19 (Address) Frankford. mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Frankford Mo — DATE OF BURIAL: 10/14 1928

20. UNDERTAKER: Geo E Roberts — ADDRESS: Hannibal Mo