WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

40685

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kar — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Allie Gill Kearney

(a) Residence. No. 2611 E 31 St., 14 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward F. Kearney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 3, 1877

7. AGE: Years 51 — Months 3 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Seamtress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: John Taylor Dry Goods Co.

9. BIRTHPLACE (CITY OR TOWN): Cameron (STATE OR COUNTRY): Texas

PARENTS
10. NAME OF FATHER: William M. Gill
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tupelo (STATE OR COUNTRY): Miss.
12. MAIDEN NAME OF MOTHER: Mary Ella Poole
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tupelo (STATE OR COUNTRY): Miss

14. INFORMANT: C. C. Kerns (Address) Topeka Kansas

15. FILED 12/12, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1928, to Dec. 10, 1928, that I last saw her alive on Dec. 10, 1928, and that death occurred, on the date stated above, at 2:40 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas

46F (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 11-19-28.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? at operation.

12/11 (Signed) Max Friedman, M. D
1928 (Address) 1014 Med Arts Bldg.

*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: Highland Park — DATE OF BURIAL: 12-13 1928

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: KC Mo

Lindsay
No good