JAN 28 1929

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

Do not use this space.

42234

1. PLACE OF DEATH
County St Clair
Township Appleton
City Appleton City (No. ..... St. ..... Ward)

Registration District No. 761
Primary Registration District No. 4456

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

2. FULL NAME Rebecca Ellen Allison

(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 James H Allison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-30-1864

7. AGE: Years 64 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House 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) West Virginia

PARENTS
10. NAME OF FATHER Jarrad McDonald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER Mary Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) West Virginia

14. INFORMANT Laura Humerickhouse.
(Address) Ottawa Kansas

15. FILED Dec 22 1928 W. Cline M D
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1 1928, to Dec 18 1928, that I last saw her alive on Dec 17 1928, and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pleurolymphosarcoma
50
1929
1928 (duration) ..... yrs. 5 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Secondary Cancer of liver
following removal of breast (duration) one yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1925
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. J. Smith, M. D
, 19 (Address) Appleton City

*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: Appleton City Cem
DATE OF BURIAL: Dec 22 1928
20. UNDERTAKER: R R Kenney
ADDRESS: A.C. 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