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

Do not use this space.

11786

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 100 ~~3 99~~

City: Kansas City (No. 1111 Brooklyn St. Ward)

File No.: 1582

Registered No.:

2. FULL NAME Margaret S. Oliver

(a) Residence. No. 1111 Brooklyn St., Ward. (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 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: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 1st 1867

7. AGE: 59 Years — Months: 6 — Days: 13 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home.

(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): Ill.

PARENTS

10. NAME OF FATHER: John Cathcart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

12. MAIDEN NAME OF MOTHER: Louise Ragsdale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

14. INFORMANT: Mrs Harry W Elliott (Address) 1111 Brooklyn

15. FILED 4/15, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 14 1927

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1927, to April 14, 1927 that I last saw h[illegible] alive on April 14, 1927, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis

131

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 129 W

(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?

4/15, 1927 (Signed) Ward H Leonard M. D (Address) 3232 Summit St

*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: Forest Hill Cemetery — DATE OF BURIAL: 4/16/1927

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main St.

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.

[illegible], WITH UNFADING INK—THIS IS A PERMANENT RECORD

H.P. 1523