FEB 27 1934

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.

1437

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township ~~Kaw~~ — Primary Registration District No. — Registered No. 419

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Mrs. Cleo Oliver

(a) Residence, No. 4421 Woodland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 J. O. Oliver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1903

7. AGE: YEARS 30 — MONTHS 5 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME J. B. Beal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ellisie L. Maize
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. B. Beal Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE 1-29-34, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary K. C. Mo.

20. FILED Jan 28, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1933, to Jan 27, 1934
I last saw her alive on Jan 26, 1934 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

pelvic abscess (tubular) Streptococcus 139 B

Other contributory causes of importance:

Post-operative

Name of operation abdominal Date of 12-15-33
What test confirmed diagnosis? 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?
If so, specify
(Signed) J. K. Hall, M. D.
(Address) 1426 Lathrop Bldg

The Head

[illegible]

#2 Kansas City
Jackson

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

1437

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

419

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mrs Cleo Oliver
Who died at _____ on Jan 27 - 1935
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W ~~Single~~, married, wid~~owed or divorc~~ed: _____

Date of birth _____ Age: Years 30 Months 5 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Pelvic abscess - Strep
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Post operative (not Puerperal) 1396

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
X Signature of Registrar X M. M. Crowe Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh MD
Special Agent.

Reg. Dist. No.

Primary Reg. Dist. No.

S-1437