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

Do not use this space.

8781

File No. 15

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1032

City: Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Sylva Adlet Creason

(a) Residence. No. Sherman Hotel 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 20, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	11	

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

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

PARENTS

10. NAME OF FATHER: D. C. Creason

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

12. MAIDEN NAME OF MOTHER: Elizabeth Bottle

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

14. INFORMANT: Mrs. Mildred Trowbridge
(Address): Charles City, Iowa

15. FILED: 3/2, 1928 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-22, 1928, to 3-1, 1928, that I last saw h. alive on 3-1, 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis, acute
126
127A (non-Tuberculous)
129 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Gall stones, acute & chronic
Perforated gall bladder (duration) yrs. mos. 10 ds.
Perforation 5 dys.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes, DATE OF 2-29-28.
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Operative, Autopsy
(Signed) C. J. Hurst, M. D.
3/2, 1928 (Address) 924 Rialto Bldg. K.C. 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: Polo, Missouri — DATE OF ~~BURIAL~~ R: 3/3 1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Rad

U. S. No. 2.

MARGIN RESERVED FOR BINDING

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.