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

Do not use this space. 11947

**1. PLACE OF DEATH**

County Jackson — Registration District No. 389 — File No. 1743

Township Kaw — Primary Registration District No. 1002 — Registered No. 1743

City K.C. Mo. (No. 2335, Benton St. ..... Ward)

**2. FULL NAME** Betty Jane Cartella

(a) Residence. No. 2335 Benton Blvd. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 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 | child |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 1925

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 7 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): Kansas City Mo.

PARENTS

10. NAME OF FATHER: Chas Cartella
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.
12. MAIDEN NAME OF MOTHER: Retta Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

14. INFORMANT: Mr Chas Cartella
(Address) 2335 Benton Blvd

15. FILED 4/28, 1927 M M. Crowe Asst REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28 1927

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1927, to April 27, 1927 that I last saw her alive on Apr 27, 1927 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pertussis
9
101A
114A (duration) ..... yrs. ..... mos. 42 ds.

CONTRIBUTORY (SECONDARY) Interstitial (bronchial) pneumonia (duration) ..... yrs. ..... mos. 7 ds. probably.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood count and X ray.

(Signed) Frank C. Neff, M. D

Apr 28 1927 (Address) 214 Med arts

*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 | DATE OF BURIAL |
|---|---|
| Memorial Park K.C. Mo | April 29 1927 |
| **20. UNDERTAKER** | **ADDRESS** |
| A. Sebbeto | City |

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.