

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

Do not use this space.

1304

**1. PLACE OF DEATH**

County Jackson Registration District No. 1002  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 7-C General Hosp.) St. 842 (Ward)

**2. FULL NAME** Nellie Arella

(a) Residence, No. 533 Charlotte St. 1 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1924  
 7. AGE YEARS 8 MONTHS 9 DAYS 9 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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) Kansas City Mo.  
 13. NAME Frank Arella  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.  
 15. MAIDEN NAME Santora  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.  
 17. INFORMANT Reverend Clerk  
 (ADDRESS) K.C. Gen. Hosp. 7-C Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Jan 30, 1932  
 19. UNDERTAKER Sebbels  
 (ADDRESS) K.C. Mo.  
 20. FILE Jan 29, 1932 M. D. Torow  
 (Address) Regist.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1932 to Jan 28, 1932  
 I last saw him alive on Jan 28, 1932 - Death is said to have occurred on the date stated above, at 4:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Epidemic cerebellar spinal meningitis Date of onset 18  
 Other contributory causes of importance: 18  
 Name of operation None Date of \_\_\_\_\_  
 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 \_\_\_\_\_ (1)  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify P. E. Williams M. D.  
 (Signed) \_\_\_\_\_ (Address) Supt. K.C. Gen. Hosp. 7-C Mo.

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.

