

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

Do not use this space.

22795

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Ken Primary Registration District No. 1002  
 City Kansas City (No. Kansas City General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 2785

**2. FULL NAME**

Bettich Dumont  
 (a) Residence No. 739 Cherry 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.        da. How long in U. S., if of foreign birth?        yrs.        mos.        ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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) 4-18-1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
27 2 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Sam Bettich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Flareus Ellis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Tenn.

14. INFORMANT Reeans Lelch  
 (Address) Kansas City Gen Hospital

15. FILED 7/7, 1930 M. M. Crowl  
 REGISTRAR Ans

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-5- 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-30-, 1929, to 7-5-, 1930 that I last saw her alive on 7-5-, 1930, and that death occurred, on the date stated above, at 1:25 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio Sclerosis  
92A  
95E  
 (duration)        yrs.        mos.        ds.

CONTRIBUTORY (SECONDARY) Coronary Myocarditis  
 (duration)        yrs.        mos.        ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) P. E. Williams, M. D.  
7-5-, 1930 (Address) Supt. K. G. Gen Hospital

\*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 Mt. St. Mary's DATE OF BURIAL 7-8 1930

20. UNDERTAKER A. Sebeto ADDRESS K. C. Mo.

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.

