

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

Do not use this space.

**1. PLACE OF DEATH**

County Gasconade  
Township Union  
City Kansas city (No. 1126)

Registration District No. 399  
Primary Registration District No. 1002

File No. 32792  
Registered No. 4012  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1126 Mo. Ave 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) married

6. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Antonio Mancella

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27 7 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) none  
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Kansas city  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Katala Mancella

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

12. MAIDEN NAME OF MOTHER antonioa Branch

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

14. INFORMANT antonio Mancella  
(Address) 1126 Mo. Ave

15. FILED 10/2 1930 M. M. Brown REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to Oct 1, 1930.  
that I last saw her alive on Oct 1, 1930, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

930 Myocarditis Chronic  
101? (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia Broncho (duration) yrs. mos. 4-6 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
10/2 (Signed) Harold M. Roberts, M. D.  
Oct 2 (Address) 1324 Professional Bldg.

\*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. Marys DATE OF BURIAL 10-4 1930

20. UNDERTAKER A. Sebeto ADDRESS K.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.

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