

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

Do not use this space.

13480

1898

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 13480

Township Law

Primary Registration District No. 1003

Registered No. 1898

City Kansas City

(No. Kansas City, General Hosp.)

St. Mo. Ward 1

2. FULL NAME

Russell Arend

(a) Residence. No. 1003 Benton St.

Ward.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word)

married

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

Grace Arend

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

May 26, 1891

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
36	10	25	

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)

General Hosp.

(STATE OR COUNTRY)

Kansas City, Mo.

10. NAME OF FATHER

John Arend

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Emma Gibbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14.

INFORMANT (Address)

Record Clerk, Kansas City Gen. Hosp.

15.

FILED

4-23-28 W. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1928

17. I HEREBY CERTIFY That I attended deceased from 4-21, 1928, to 4-21, 1928, that I last saw him alive on 4-21, 1928, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Ceritomyia, following perforated appendix.

CONTRIBUTORY (SECONDARY)

1176

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) P. E. Williams, M. D.

(Address) 4-21, 1928 Supt. K. C. Gen. Hosp.

*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

Mt Washington

Apr 23 1928

20. UNDERTAKER

C. H. Blackman & Son

ADDRESS

6606 Indef

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.

