

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

Do not use this space.

10178

APR 24 1929
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.

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City Malden (No. _____)

Registration District No. 254
Primary Registration District No. 1173

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Joseph Nicholas Arends

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

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

Dode Arends

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

Jan. 6 - 1854

7. AGE

YEARS 75 MONTHS 1 DAYS 27

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(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)

Antwerp Germany

10. NAME OF FATHER

John N. Arends

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

Germany

12. MAIDEN NAME OF MOTHER

Therese Von Beken

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

France

14.

INFORMANT Mrs J. N. Arends
(Address) Malden Mo

15.

FILED 3/4 19 29 St. Mitchell
REGISTRAR

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

March 3 1929

17.

I HEREBY CERTIFY, That I attended deceased from Feb 25, 1929, to March 3rd, 1929 that I last saw h. was alive on March 3, 1929, and that death occurred, on the date stated above, at 1:35 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

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) John Dan Cleve, M. D.

*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

Malden Mo.

3-5-1929

20. UNDERTAKER

ADDRESS

W. L. Craig

Malden

