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

Do not use this space.

40687

File No. 5042

Registered No. 5042

1. PLACE OF DEATH
County Jackson
Township
City Kansas City (No. 3810 Monroe St. Ward)
Registration District No. 3
Primary Registration District No. 2

2. FULL NAME Clifford Lewis Andrall Arendall

(a) Residence. No. 3810 Monroe St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Wh	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~Sept~~ May 5 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Elbert L Arendall
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Lola Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

14. INFORMANT Elbert L Arendall
(Address) Memphis, Tenn.

15. FILED 12/11, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11. 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1929, to Dec 11, 1929 that I last saw h/im alive on Dec. 10, 1929, and that death occurred, on the date stated above, at 7:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
10 X 10 d
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Head cold
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation
(Signed) Charles J. Eldridge, M. D.
Dec 11, 1929 (Address) 711 Lathrop 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	DATE OF BURIAL
Memphis Tenn	12-11, 1929
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Foster	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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD