JUL 25 1935

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

Do not use this space.

20473

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 10
Township Anderson — Primary Registration District No. 4033 — Registered No. 2600
City Gideon (No. ..... , ... St. ..... Ward)

2. FULL NAME Richard Arlen Whitledge
(a) Residence, No. Gideon Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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) Mar 1 - 1934

7. AGE — YEARS: — MONTHS: 3 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gideon Mo

FATHER
13. NAME Delbert C. Whitledge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

MOTHER
15. MAIDEN NAME Effie Evelyn Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Ky

17. INFORMANT (ADDRESS) Delbert Whitledge Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield Cem DATE 6-30 1935

19. UNDERTAKER (ADDRESS) W. B. Meentemeyer Gideon Mo

20. FILED July 10 1935 M V Mumma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1935

22. I HEREBY CERTIFY That I attended deceased from June 26, 1935, to June 28th, 1935
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	6/24/35

Other contributory causes of importance:

Influenza	6/17/35
Iles Colitis	6/24/35
Otitis Media Bilateral	6/22/35

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John D Van Cleve, M. D.
(Address) Malden Mo

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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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD