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.

DEC 18 1936

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

Do not use this space.

40426

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1403

City St.Joseph (No. I5I3 So 9th St. St. Ward)

2. FULL NAME Isaac Newton Arledge

(a) Residence, No. I5I3 So 9 th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred I2 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27 I874

7. AGE: YEARS 62 — MONTHS 3 — DAYS I2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer P.W.A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P.W.A.
10. Date deceased last worked at this occupation (month and year): Nov. Ist 1936
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monta Co Texas

FATHER

13. NAME: G.L.Arledge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shreveport La.

MOTHER

15. MAIDEN NAME: Chatem
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shreveport La.

17. INFORMANT (ADDRESS): Mrs Mattie Arledge I3I5 so 9

18. BURIAL, CREMATION, OR REMOVAL
PLACE: I.O.O.F.Cemetery Nov.II 36

19. UNDERTAKER (ADDRESS): Barry - Wylie St Joseph Mo

20. FILED 11-10 1936 H. J. Nestlebush By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1933, to Nov. 8, 1936

I last saw him alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 12:20 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labar Pneumonia	Nov 1-36
Other contributory causes of importance:	
Hemorrhage - lungs	Nov 1-
Chr Myocard.	-

Name of operation: None Date of N

What test confirmed diagnosis? Clin Was there an autopsy? no

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? no
If so, specify
(Signed) Frank H. Hardigan, M. D.
(Address) Kincpatrick Bldg.