

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

Do not use this space.

12213

1. PLACE OF DEATH

County Dunklin
Township Butterfield
City Malden Mo. (No.) St. Ward)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. 12

2. FULL NAME

Charlie Clark (Colored)

(a) Residence. No. St. Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married but separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1887

7. AGE YEARS 43 MONTHS ✓ DAYS ✓ IF LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Ala.

10. NAME OF FATHER Charley Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Patsy Walker

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

14. INFORMANT (Address) J. D. Clark
Malden Mo.

15. FILED 4/6/30 A. C. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5th 1930

17. unattended by Dr.
I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 307 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Killed by being struck by train No. 9 on Cotton Belt Route
Verdict of Cor. jury
1207M (duration) yrs. mos. ds. Instantly
75B none

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

○ DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
WAS THERE AN AUTOPSY? Inquest by Coroner

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Rigdon Cor. M. D.
4/5 19 30 (Address) Kenneth Mo.

*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 Geles Cemetery DATE OF BURIAL 4-7 19 30

20. UNDERTAKER W. R. Craig ADDRESS Malden Mo.

N. B.—Every item of information should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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MAR 22 1954

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Dunklin Registration District No. 289 File No.
 Township Primary Registration District No. 473 Registered No.
 City Malden (No.) St. Ward)

2. FULL NAME Charlie Clark

(a) Residence No. 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Div

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
 (Address)

15.

FILED 4/7/30 S.E. Mitchell
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1930

17. I HEREBY CERTIFY, That I attended deceased from
 to 19.....
 that I last saw him alive on 19....., and that
 death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Struck by Cotton Belt
 R.R. Train No. 9 while
 intoxicated and sitting on
 the track near automobile in the car

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) M. D.
 , 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

N. B.—Every item of information to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE OR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-12213