

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

Do not use this space.

22199

1. PLACE OF DEATH

County New Madrid
Township _____
City _____ (No. _____)

Registration District No. 604
Primary Registration District No. 4358

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME

Eddie Clarkson

(a) Residence, No. New Madrid St., _____ 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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Clarkson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1881
7. AGE YEARS 50 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) Charleston Mo.

13. NAME Edward Clarkson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Abernathy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Gemma Church (ADDRESS) New Madrid, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE East Side Cem DATE 6/6 1931

19. UNDERTAKER Richards and Co (ADDRESS) New Madrid

20. FILED 6/8 1931 W. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1931
22. I HEREBY CERTIFY That I attended deceased from Sept 5 1930 to Feb 12 1931
I last saw h. i. m. alive on Feb 12 1931 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Tubercular Infection of the left hand
127B
134C

Other contributory causes of importance:
Probably caused by an injury to hand sustained about Aug-1930
Name of operation Drainage Date of Oct-1930
What test confirmed diagnosis? Clinical 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? New Madrid, Mo. (Specify city or town, county, and State)
Specify whether the injury occurred in industry, in home, or in public place. While working for money, food
Manner of injury pressed hand
Nature of injury pressed hand causing T.P. laceration

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Thomas C. McCluer, M. D.
(Address) Jefferson, Mo.

JUN 27 1931

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE BUREAU OF LABOR RELATIONS
MEMPHIS, TENNESSEE

MEMPHIS
TENNESSEE

MEMPHIS, TENNESSEE

MEMPHIS, TENNESSEE

**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.
 City New Madrid Registration District No. 604 File No. _____
 Township _____ Primary Registration District No. 4358 Registered No. 45
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Eddie Clarkson
 (a) Residence. No. _____ St. _____ 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 M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED m
(write the word)

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

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

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

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) _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 - 19 31

17. 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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular infection of the left hand
Probably caused by an injury to hand
 (duration) yrs. mos. ds. 2 1/3

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED Worked in a store in N.M.
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? negative further
 WHAT TEST CONFIRMED DIAGNOSIS? stet
 (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 _____

14. INFORMANT (Address) _____

15. FILED 7/9 31 M. J. Sumner REGISTRAR

SUPPLEMENTARY

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. IS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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