

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

Do not use this space.

30724

1. PLACE OF DEATH

County Cape Girardeau
Township Shawnee
City Near Neelys Landing (No. _____)

Registration District No. 129
Primary Registration District No. 5180

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Richard Clark Jr. - Near Neelys Landing, Mo.

(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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15-1931</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>none</u>
	10. Date deceased last worked at this occupation (month and year)	<u>none</u>
	11. Total time (years) spent in this occupation	<u>none</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Near Neelys Landing Mo.

13. NAME Richard Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Elizabethtown, Ills.

15. MAIDEN NAME Elzettie Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ramer, Tenn.

17. INFORMANT Richard Clark
(ADDRESS) Near Neelys Landing, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neelys Landing DATE Sept 18 1931

19. UNDERTAKER Coffin made by neighbors
(ADDRESS) Milton Walker and Will Smith

20. FILED Oct 14 1931 Geo. J. Schorer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, Mo.
The principal cause of death and related causes of importance were as follows:

Unknown Natural Causes Date of onset _____

There was no physician called in this case, a Negro woman, Asgerba Smith acting as "mid wife" and who followed such practice to a considerable extent among neighbors of her race.
S. Haupt, Coroner

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____

(Signed) Sherman Haupt, Coroner
(Address) Jackson Mo.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 28 1931

