

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

Do not use this space.

**19094**

1. PLACE OF DEATH  
 16 County Cape Girardeau Registration District No. 125  
 Township Cape Girardeau Primary Registration District No. 3009  
 City Cape Girardeau No. Mississippi River St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Clyde H. Little  
 (a) Residence, No. Cape Girardeau RFD #2 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.

File No. \_\_\_\_\_  
 Registered No. 146

**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 Sidney Lee Little  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1899  
 7. AGE YEARS 33 MONTHS 8 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman on Barge Co.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mississippi River - Margaret Cement Co.  
 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) Longtown MO  
 13. NAME Hervey Little  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville MO  
 15. MAIDEN NAME Iola Swan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farrar MO  
 17. INFORMANT Mrs Clyde Little (ADDRESS) Cape Girardeau MO  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmont Cem DATE June 24 1933  
 19. UNDERTAKER Haring Funeral Home (ADDRESS) Cape Girardeau MO  
 20. FILED 624 1933 Wickhaeffer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1933  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:15 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental  
Drowning  
Mississippi River  
 Other contributory causes of importance:  
Fell from Barge  
 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? Accident Date of Injury 6-22 1933  
 Where did injury occur? On Mississippi River (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) J. A. Moore  
 (Address) Cotons

Date of onset  
1933

WHITE PLAIN. WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 20 1933

