

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

Do not use this space.

20807

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. St. Ward)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 52

2. FULL NAME Leroy F. Clark

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1933

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

I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 14 1933 that I last saw her alive on June 14 1933 and that death occurred, on the date stated above, at 4:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 1863

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 13

Carcinoma of
H&B Liver (duration) 2 yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 0

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

9. BIRTHPLACE (CITY OR TOWN) Ray Co.
(STATE OR COUNTRY) Mo.

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

10. NAME OF FATHER Ezekiel Stone

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn
(STATE OR COUNTRY) Mo.

WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Emma M. Fange

WHAT TEST CONFIRMED DIAGNOSIS Physical

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY) Mo.

(Signed) E. M. Joiner, M. D.

(Address) Richmond

*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.

14. INFORMANT Frank Clark
(Address) Rayville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rayville Mo. DATE OF BURIAL 6/15/33

15. FILED 8-15-33 19. 80 REGISTRAR Ray

20. UNDERTAKER E. M. Joiner ADDRESS Richmond Mo.

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.

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JUL 23 1933

7-25-33

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