JUL 2 7 1928

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

Do not use this space.

21774

1. PLACE OF DEATH
County St. Louis
Township GARONDELET
City (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 8248 E

File No.
Registered No. 207

2. FULL NAME Clyde Linton
(a) Residence. No. 4471 Cadeau Av. 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1886

7. AGE: Years 42 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

14. INFORMANT Mrs. John Whaley
(Address) 1902 Hickory

15. FILED June 23, 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 21, 1928 that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23H
25
31

(duration) not known to me yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) not known to me yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known to me

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hunter.

6/22 (Signed) Jacomina Schlenker, M. D
1928 (Address) 3515 S. Grand Pl. Ave.

*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 Brookfield, Missouri
DATE OF BURIAL 6-24-1928

20. UNDERTAKER Peetz Bros 3029
ADDRESS Lafayette

WRITE PLAINLY, 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.

To Dr. Obrock's office
Le May Ferry