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.

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

Do not use this space.

✓21321

File No. 5879

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. ..... #2

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Linnie Spight Hunt

(a) Residence, No. 1601a Wash St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	8	16	

OCCUPATION

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. Hwk 235

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) Miss. 7

FATHER

13. NAME Andrew Spight 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 318

MOTHER

15. MAIDEN NAME Sarah Keenan

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

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Gotherdickson DATE June 23 1932

19. UNDERTAKER (ADDRESS) Pope & English 2903 Lorcap Ave

20. FILED JUN 23 1932 19 Max C Starkloff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1932, to 6-20-, 1932

I last saw her alive on 6-20, 1932 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93C	
84	

Other contributory causes of importance: 93C

Dementia Precox

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Sal Was there an autopsy? .....

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 1

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chris Smith, M. D.

(Address) City Hosp. No. 2