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.

24971

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1007 Registered No. 7191

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

2. FULL NAME Clifford Gaines

(a) Residence, No. 1401 Morgan 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 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk.

7. AGE: Abt. 35 YEARS | MONTHS: — | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 237
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): Georgia 2

FATHER
13. NAME: Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 31

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): T. J. Evers Deputy Coroner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potterfield DATE Aug 5 1932

19. UNDERTAKER (ADDRESS): Pinkie Toney 3129 Lucas Ave

20. FILED AUG -4 1932 19 Max C. Standley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 15/a m.

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

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Stab Wound of Abdomen (Knife)

Date of onset

Other contributory causes of importance:

Homicide (7)

174

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7/15, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Stab Wound of Abdomen

Nature of injury " " "

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

If so, specify .....

(Signed) T. J. Evers, M.D.

(Address) Dep. Coroner

8/4/32