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.

File No. 21686
Registered No. 5485

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Cunetta Clinton

(a) Residence, No. Scott Ave St. Louis Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) June 11 1912

7. AGE: Years 21 | Months 0 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
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) Mo

FATHER

13. NAME Richard Clinton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Elizabeth Hellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Lena Bloodgood 5 ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE June 26, 1933

19. UNDERTAKER (ADDRESS) W. S. Wade Undertaking Co 4202 Finney Ave.

20. FILED JUN 21 1933 J. F. Biedeck Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1932, to June 21, 1933.
I last saw h. alive on June 21, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	May
23A	1932
75	

Other contributory causes of importance:

Tuberculosis of Intestines	Feb
	1933
0	

Name of operation — none Date of
What test confirmed diagnosis? Sputum Was there an autopsy? — no

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas J. Flynn, M. D.
(Address) ISOLATION HOSPITAL