AUG 18 1936

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

Do not use this space.

28135

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

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

File No. ..... Registered No. 6882

2. FULL NAME Jesse Clinton

(a) Residence, No. 1109 N. 17th St. St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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)
M.	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
37	2 mo.	16	

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. Am. Car & Fd'ry

10. Date deceased last worked at this occupation (month and year) 7/3/36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Miss.

FATHER

13. NAME William Clinton.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Unk.

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

17. INFORMANT Lulu Belle Clinton
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Father Dickson
PLACE Fr. Dickson Cem DATE 7/9, 1936

19. UNDERTAKER Lusinda Thomas. (Alexander Thomas)
(ADDRESS) 2632 Lucas.

20. FILED JUL 8 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 A.M.

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

	Date of onset
Gunshot Wound of Abdomen, Peritonitis, Performations of Intestines, Retroperitoneal Haemorrhage, Laceration of Mesentery.	

Other contributory causes of importance:

Homicide.

173

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? Hom. Date of injury 7/4/, 19 36

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.
Home

Manner of injury Gunshot Wound of Abdomen

Nature of injury Homicide.

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

If so, specify .....

(Signed) Frank P. Fanlong, M.D.

(Address) Coroner.

7/8/36

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.

DEC 2 2 1941