

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

Do not use this space.

OCT 29 1927

1. PLACE OF DEATH
 Count St. Louis Registration District No. 839 File No. 29305
 Township Riverside Primary Registration District No. 6101 Registered No. 52
 City St. Louis (N) St. _____ Ward _____

2. FULL NAME Coro Imagen Caldwell
 (a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-4-27
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Case, Mo R#1 (STATE OR COUNTRY)
 10. NAME OF FATHER Chas Caldwell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Flora Stearns
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

14. INFORMANT Chas. Caldwell (Address) Case, Mo R#1
 15. 9-14-27 F. P. Cradock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14, 1927
 17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1927, to Sept 14, 1927 that I last saw her alive on Sept 19, 1927, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum
119A (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) 1130 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. P. Cradock, M. D. (Address) Case, Mo

*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 Idalia Cem. DATE OF BURIAL Sept 15 1927
 20. UNDERTAKER none ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

