

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10.3
 City St. Louis (No. City Hosp)

File No. 16335
 Registered No. 4829
 St. Ward

2. FULL NAME Charline May Allison
 (a) Residence, No. 4220 Evans Ward. 11
 (Usual place of abode)
 Length of residence in city or town where death occurred Life 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 white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10-1931

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work nil
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) ms.

10. NAME OF FATHER Chas. Allison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miller County
 (STATE OR COUNTRY) ms.

12. MAIDEN NAME OF MOTHER Mary Keene

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mary County
 (STATE OR COUNTRY) ms.

14. Hospital Information
 INFORMANT Frances Cross
 (Address) 2125 Washington

15. FILED 22 1931 May C. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22nd 1931

17. I HEREBY CERTIFY, That I attended deceased from April 10th 1931 to April 22 1931 that I last saw her alive on April 22nd 1931, and that death occurred, on the date stated above, at 7:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Abortion
159
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? E DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Raymond H. Drake, M. D.

(Address) City Hosp

*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 Valhalla
DATE OF BURIAL 4/22-1931

20. UNDERTAKER Cullen + Kelly
ADDRESS 4526 Easton

Exact statement of OCCURRENCE is very important. Property assurance.

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