

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

Do not use this space.

5631

1. PLACE OF DEATH

78

County St. Louis
Township North Prairie
City St. Louis (No. _____)

Registration District No. 65-1
Primary Registration District No. 5862

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Allene Chaldrap

(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 1 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> (Write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-22-1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>7</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Braggadoocio, Mo</u>				
MOTHER	13. NAME <u>Green Chaldrap</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Mildred Chalton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>A. Chaldrap</u> (ADDRESS) <u>Braggadoocio, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camp Country</u> DATE <u>2-22-1932</u>				
19. UNDERTAKER <u>Levi D. Benton</u> (ADDRESS) <u>Braggadoocio, Mo</u>				
20. FILED <u>Feb. 29 1932</u> <u>Ada Martin</u> Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1932

I do HEREBY CERTIFY, That I attended deceased from 2/20 1932 to 2/22 1932

I last saw her alive on 2/22 1932. 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:

Diphtheria about 1/8/32
10

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? None 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? No

If so, specify _____

(Signed) Levi D. Benton M. D.

(Address) Braggadoocio, Mo

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.

MAR 24 1932

