

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

Do not use this space.

**13475**

**1. PLACE OF DEATH**

79 County Vermy Co Registration District No. 1128  
Township Boone Boone Primary Registration District No. 5879a  
City (No. ....) St. .... Ward (No. ....)

File No. ....

Registered No. 46

**2. FULL NAME**

Doris R. Patton  
(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. 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1928  
7. AGE YEARS 3 MONTHS 6 DAYS 8 If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
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) Vermy Co Mo

13. NAME Rosil Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermy Co Mo

15. MAIDEN NAME Agnes Steina

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermy Co Mo

17. INFORMANT David Patton (ADDRESS) Belgium Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgium Cemetery DATE 4-8-1932

19. UNDERTAKER William Young (ADDRESS) Vermy Co Mo

20. FILED 5-1-1932 Edward J. Greenwald Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932  
22. I HEREBY CERTIFY, That I attended deceased from 4-3-1932 to 4-7-1932  
I last saw her alive on 4-6-32, 19... Death is said to have occurred on the date stated above, at 4:32 a.m.

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

11A Scarlet Immunization Date of onset  
16B Influenza  
17C Engulfment of bowels  
Other contributory causes of importance  
11A 1

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) D. B. Patton, M. D.  
(Address) Vermyville Mo.

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.

MAY 26 1932

