OCT 1 1936

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

Do not use this space.

8878 - a

1. PLACE OF DEATH
County Stoddard
Township Castor
City ~~Bloomfield R.D.~~ (No. ..... St. ..... Ward)

Registration District No. 837
Primary Registration District No. 6099

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

2. FULL NAME Doris Mae Perry

(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 F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1933

7. AGE YEARS 3 MONTHS ✓ DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Stoddard Co. Mo.

FATHER
13. NAME Elois Perry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo

MOTHER
15. MAIDEN NAME Vernie Aslin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo

17. INFORMANT (ADDRESS) Elois Perry Bloomfield Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walker Cemetery DATE Feb. 19, 1936

19. UNDERTAKER (ADDRESS) Chiles Undertaking Co Bloomfield, Mo.

20. FILED Sept 9, 1936 Dr. Edward Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15th, 1936, to 2-17th, 1936
I last saw her alive on 2-17th, 1936. Death is said to have occurred on the date stated above, at 3½ a.m.
The principal cause of death and related causes of importance were as follows:

Scalded by falling in Boiling water while walking backward

Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? yes Date of injury 2/15, 1936
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) J. S. Davis, M. D.
(Address) Dexter

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.