SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Putnam 2/1 Registration District No. 721 File No. 29802
Township Lincoln Primary Registration District No. 5952 Registered No.
City (No. St. Ward)

2. FULL NAME Doris May Perkins 605
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-13-1924
7. AGE YEARS 14 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glanooze Co Iowa
FATHER
13. NAME Earnest Perkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo
MOTHER
15. MAIDEN NAME Catherine Daily
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo.
17. INFORMANT (ADDRESS) Geo Perkins Unionville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville DATE Aug 2 1938
19. UNDERTAKER (ADDRESS) Comstock Mer Co Unionville Mo
20. FILED Aug 4 1938 G W Dilliner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1938
22. I HEREBY CERTIFY, That I attended deceased from July 31 1938, to Aug-1 1938
I last saw her alive on Aug-1 1938. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	July 31-38
12 DIA.	
Other contributory causes of importance:	
Convulsions = Cerebral. edema. Toxic.	July 31-1938

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) J Neal Martin, M. D.
(Address) Unionville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 10-38-29
Date Filed 9-14-38