REC'D OCT 20 1939

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

Do not use this space.

33116

1. PLACE OF DEATH
County Nodaway
Township
City Maryville (No. St. Francis Hospital St. Ward)
Registration District No. 625
Primary Registration District No. 3031
File No.
Registered No. 128

2. FULL NAME Doris Florine Overman
(a) Residence, No. Parnell Mo 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don Arthur Overman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1909

7. AGE: Years 30; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Bedford, Iowa

FATHER
13. NAME Loren Arthur Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mahaskey, County Missouri

MOTHER
15. MAIDEN NAME Josephine Trager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mahaskey, County Missouri

17. INFORMANT (ADDRESS) Don Arthur Overman Parnell, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parnell, Mo. DATE Sept 25, 1939

19. UNDERTAKER (ADDRESS) Madams Parnell, Mo.

20. FILED Sept 24, 1939 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1939, to 9/23, 1939
I last saw her alive on 9/23, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to Acute, Intestinal Obstruction	
21	

Other contributory causes of importance: Generalized peritonitis from ruptured appendix

Name of operation appendectomy Date of
What test confirmed diagnosis? 5/27/39 Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Leon E. Eggley, M. D.
(Address) Maryville, 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.

RECEIVED

District Health Officer No. 11

District File Number 1039—1386

Date Filed OCT 17 1939