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

Do not use this space.

27332
File No.
Registered No. 170

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: (No. St. Ward)
Registration District No. 875
Primary Registration District No. 6162

2. FULL NAME: Sallie Doty.
(a) Residence. No. State Hospital #3 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 7, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
74	10	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

PARENTS
10. NAME OF FATHER: Benj. Sapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): U. S.
12. MAIDEN NAME OF MOTHER: Sophia Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): U. S.

14. INFORMANT: State Hospital #3
(Address): nevada, mo.

15. FILED 7-14-31 E. R. King. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1931

17. I HEREBY CERTIFY, That I attended deceased from December 11, 1929, to July 8, 1931, that I last saw her alive on July 8, 1931, and that death occurred, on the date stated above, at 8:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
194K
97 Arteriosclerosis
(duration) 1 yrs. 7 mos. ds.
CONTRIBUTORY (SECONDARY) Fracture of left femur (accidental) (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and X-ray.
(Signed) K. Guyetoff, M. D.
July 8, 1931 (Address) State Hospital #3

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Joplin Mo
DATE OF BURIAL: July 10 1931
20. UNDERTAKER: Frank Sevvers
ADDRESS: Joplin

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.

WHITE PAPER WITH CARBON INK WILL MAKE THIS A PERMANENT RECORD

JUL 29 1931