SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township ~~Galena~~
City Joplin (No. , 2128 Jackson St. Ward)

Registration District No. 411
Primary Registration District No. 2002

File No. 30954
Registered No.

2. FULL NAME Glennis Lee Doty.
(a) Residence, No. 2128 Jackson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Oct. 23, 1916.
7. AGE: YEARS 20 MONTHS 9 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical
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) Kingman Co. Kansas.

FATHER
13. NAME Harry D Doty.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingman Co Kas.

MOTHER
15. MAIDEN NAME Clara Hunt.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pola Mo.

17. INFORMANT (ADDRESS) Harry D Doty.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Pratt Kansas DATE 8-17 1937
19. UNDERTAKER (ADDRESS) Lanpher Mortuary
20. FILED 8-16 1937 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1937, to Aug 15, 1937
I last saw him alive on Aug 14, 1937. Death is said to have occurred on the date stated above, at 4:22 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 37

Other contributory causes of importance: Influenza Pneumonia

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? ..... 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) W L Loveland, M. D.
(Address) Joplin Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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