Nov 1-1932

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

Do not use this space.

37017

1. PLACE OF DEATH

96 County St Louis County — Registration District No. 790 — File No.

2 Township Hospital — Primary Registration District No. 6033 — Registered No.

City Clayton. (No. ..... St. ..... Ward)

7 2. FULL NAME Vernellia Jolly

(a) Residence, No. Memphis & Chicago - Kirkwood
(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.

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.

JAN 5 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: Colored.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Newborn.

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

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

7. AGE: YEARS — MONTHS — DAYS 2½. 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. Newborn.
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): St Louis Co Hospital Clayton

FATHER
13. NAME: Granville Jolly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson. Texas

MOTHER
15. MAIDEN NAME: Julia Spears.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glaster Miss.

17. INFORMANT (ADDRESS): Mother. Julia Jolly.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Nov 16 1932

19. UNDERTAKER (ADDRESS): Louis H. Bopp Kirkwood Mo

20. FILED Nov. 12, 1932 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1932, to 11-4, 1932

I last saw h. 1 m. alive on 11-4, 1932. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

157 1590

Date of onset

Other contributory causes of importance:

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) John A. Rogers, M. D.

(Address) St Louis Co. Hosp Clayton Mo