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.

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

Do not use this space.

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 1123 — File No. 24361

Township Carondelet — Primary Registration District No. 6248 — Registered No. 251

City Jefferson Barracks (No. Veterans, Administration Facility St. Ward)

2. FULL NAME Daniel Jolley

(a) Residence, No. Mineral Point, St., Ward. Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Missouri

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

17. INFORMANT (ADDRESS) Dr. C. H. Smith, Clinical Director Vet. Adm. Facility, Jefferson Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Point Mo. DATE Aug 2 1933

19. UNDERTAKER (ADDRESS) Guy Mullen Und Co 4219 Lindell Blvd

20. FILED Aug 2, 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933 to July 30, 1933

I last saw him alive on July 30, 1933. Death is said to have occurred on the date stated above, at 4:45a.m.

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

Myocarditis, chronic — Date of onset

93C

93C

Other contributory causes of importance:

Excision of costal cartilages, right

Name of operation Clinical, X-ray & autopsy findings Date of 7-26-33

What test confirmed diagnosis? Was there an autopsy? Yes

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) W. C. GIBSON, M. D., Manager, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

DEC 7 1954