

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

Do not use this space.

17883

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 277B  
 Township St. Francois Primary Registration District No. 6075A  
 Near City Farmington, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 82

2. FULL NAME Anna Papayik Jolley

(a) Residence, No. \_\_\_\_\_ 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  
WIFE OF Roy Jolley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
36 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Joliet Ill.  
 (STATE OR COUNTRY)

FATHER 13. NAME Andy Papayik

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

MOTHER 15. MAIDEN NAME Thresa Copcha

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

17. INFORMANT Hospital Records  
 (ADDRESS) Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Trudiver Mo DATE 5/25 34

19. UNDERTAKER Reider and Co  
 (ADDRESS) Farmington, Mo.

20. FILED May 24 1934 B. B. Robinson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1-34, 1934, to 5-23-34

I last saw him alive on 5-23-34, 1934. Death is said to have occurred on the date stated above, at 9:30 am.

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

Dementia praecox complicated by terminal bronchopneumonia  
1891  
1921

Other contributory causes of importance:  
Decubital ulcer  
Swing of Right leg (accident)

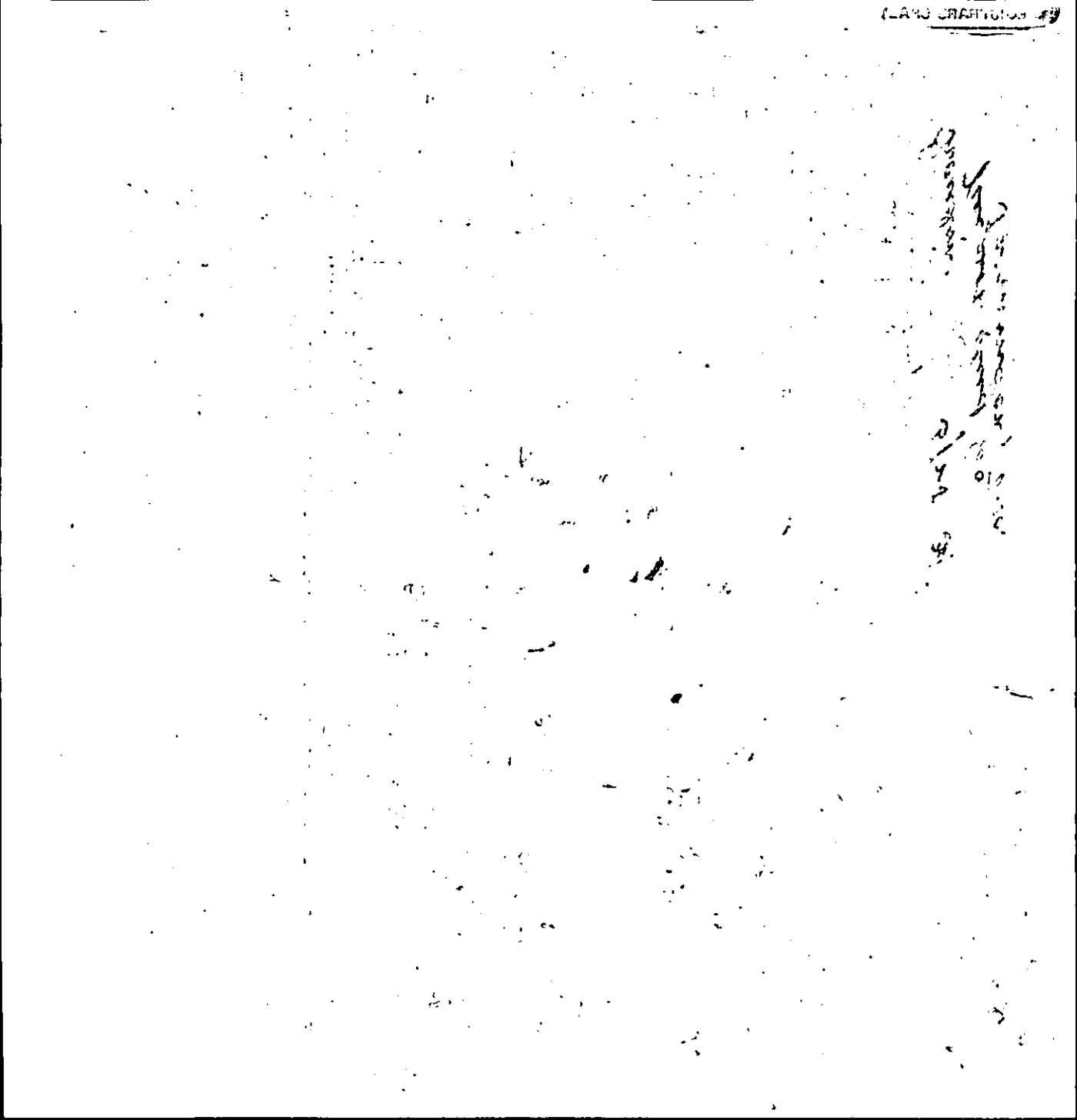
Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) Reider and Co, M. D.  
 (Address) Farmington, Mo.

Handwritten notes on the right side of the page, including the number '49' and some illegible scribbles.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City..... (No..... St..... Ward.....)

Registration District No. 773  
Primary Registration District No. 6018a

File No.....  
Registered No. 82

**2. FULL NAME**

Anna Papayek Jolley

(a) Residence, No..... St..... Ward..... (If nonresident, give city or town and State)  
(Usual place of abode)

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) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt 36

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.  
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 1923

W. J. Robinson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

terminal process complicated by bacterial pneumonia  
Date of onset 107a  
Other contributory causes of importance:  
subcutaneous ulcer  
1st degree burn - red white  
cauliflower by not keeping water

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?.....  
Where did injury occur?.....  
Specify (city or town, county, and State)  
Specify (the industry or occupation, and date)

Police Dept  
cause of death - (mental) due to D.P. with  
terminal pneumonia  
Manner of injury.....  
Nature of injury.....  
of death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. J. Robinson, M. D.

(Address).....

SUPPLEMENTARY

SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-17883