

DEC 27 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis Registration District No. 1160  
Township Central Primary Registration District No. 4470  
City University City (No. 701 East Gate av.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 45402  
Registered No. 144

## 2. FULL NAME

Martha Hammond Jolly

(a) Residence, No. 701 East Gate av. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1859-6-11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 6 3

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

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) England,  
(STATE OR COUNTRY)

13. NAME Richard Hammond,

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

15. MAIDEN NAME Sarah Heany,

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

17. INFORMANT Sarah Heany  
(ADDRESS) 701 East Gate av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's, DATE 12/17/34 1934

19. UNDERTAKER Wm. H. ... Inc.  
(ADDRESS) Clayton Road at Concordia Lane

20. FILED Dec 17, 1934 Lena D. Miller  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from  
Dec 11, 1934, to December 14th, 1934

I last saw him or alive on December 14th, 1934 Death is said

to have occurred on the date stated above, at 4 A. m.

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

Acute Myocardial failure. Date of onset 12/8/34  
pulmonary edema 12/8/34

Other contributory causes of importance:

Chronic Myocarditis - several years  
Senility

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1934

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) Harold D. Newman, M. D.

(Address) 3720 Washington Blvd.

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.

