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.

JUL 29 1935

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

Do not use this space.

21973

1. PLACE OF DEATH
County Webster
Township Ozark
City Marshfield (No. ..... St. ..... Ward)

Registration District No. 896
Primary Registration District No. 4042

File No. .....
Registered No. 25

2. FULL NAME John L Jolly

(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
92	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) 1928
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOrth Industry Ohio

FATHER

13. NAME John William Jolly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXX XXXXX

MOTHER

15. MAIDEN NAME Rebecca Hines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXX XXXXX

17. INFORMANT (ADDRESS) Ed Brooks Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield DATE June 23 1935

19. UNDERTAKER (ADDRESS) Rex Rainey Marshfield Mo

20. FILED 6-25 1935 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 20, 1935

22. I HEREBY CERTIFY That I attended deceased from Jun 12, 1935, to Jun 20, 1935
I last saw him alive on Jun 20, 1935. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Senility & loss of appetite

Date of onset

Other contributory causes of importance:
Operation for Strangulated hernia Jun 12 1935

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) J. W. Bruce, M. D.
(Address) Marshfield, Mo.