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.

NOV 18 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36940

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Lukes Hospital St. Ward)

2. FULL NAME William W. Jolly

(a) Residence, No. 4113 Elledge Rd. St., Johnson Co., Ward. Kansas
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Eunice Jolly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1912

7. AGE: 25 Years, 1 Months, 7 Days. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Filling Station Operator
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): Rosedale Kansas

FATHER

13. NAME: W. A. Jolly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Junction City Kansas

MOTHER

15. MAIDEN NAME: Eva Williamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): W. A. Jolly 3737 Genesee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Nov. 1 1937

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED Oct 30 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19..., to ..., 19...

I last saw h..... alive on ..... 5-49A 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:

Automobile traumatism — Date of onset
Fracture of the skull — ✓
210 m

Other contributory causes of importance:

W

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide or homicide? Accident Date of injury 10/29/37 19...

Where did injury occur? 50 Mission Rd. Johnson Co. Kansas
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Collision of Motor Cars

Nature of injury

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

If so, specify

(Signed) [signature], M. D.

(Address) Kew

MAR 1946