

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

Do not use this space.

W.C.

1. PLACE OF DEATH

78 County Demicot Registration District No. 653 File No. 3645
Township Hays Primary Registration District No. 5864 Registered No. 5
City Hays, Missouri (No. _____) St. _____ Ward _____

2. FULL NAME

William Holland Jolley 400

(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 80 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jannie May Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 5th, 1857</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>45 yrs.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 1913</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Demicot, Missouri</u>		
FATHER	13. NAME <u>Porter Jolley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Mary McHaters</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT (ADDRESS) <u>Charles Wesley Jolley Hays, Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funeral Home</u> DATE <u>Jan. 23rd 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. Philip H. Hubbard Hays, Mo.</u>		
20. FILED <u>1-23 1938</u> <u>J.W. Rhodes</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec-18/1937, 1937, to Jan. 22, 1938
I last saw him alive on Jan. 20, 1938. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
Generalized Arteriosclerosis Date of onset
Arteriosclerosis
Post. Cerebral apoplexy
Other contributory causes of importance:
Cystitis
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? S.T.S. 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 _____, 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) Arthur, M. D.
(Address) Hays, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH