

REC'D APR 19 1938

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

10703

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 313
 (b) Township McFall Primary Registration District No. 4189 Registered No. 378 3
 (c) City McFall, Mo (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella Jolly 400

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Albert Newton Jolly (Deceased) 1. Jan. 1928, to March 25, 1938
 I last saw her alive on March 25, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Gallia, Co |
(STATE OR COUNTRY) Ohio13. NAME Richard Williams |14. BIRTHPLACE (CITY OR TOWN) Va |
(STATE OR COUNTRY)15. MAIDEN NAME Mary Ann Manring16. BIRTHPLACE (CITY OR TOWN) Gallia |
(STATE OR COUNTRY) Ohio17. INFORMANT Jimmy Jolly
(ADDRESS) McFall, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE 3/31/38, 1919. FUNERAL DIRECTOR G. Starnes
(ADDRESS) Pattonburg, Mo.20. FILED 3-29, 1938 Nora Matherhead
Local Registrar. 860

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1. Jan., 1928, to March 25, 1938
 I last saw her alive on March 25, 1938 Death is said to have occurred on the date stated above, at 11/5 m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other contributory causes of importance: H²

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. Hanky Needy, M. D.
 (Address) Pattonburg

STATEMENT BY LICENSED EMBALMER

I, G.S. Gromer, Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

G.S. Gromer

Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10703

Do not use this space.

1. PLACE OF DEATH
(a) County Centre Registration District No. 313
(b) Township Mc Falls Primary Registration District No. 4189 Registered No. 3
(c) City Mc Falls (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Ella Golly
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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.
78 5 9

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallia Co. Ohio

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED May 14 1938 None mother's used
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 1938

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

I last saw h. _____ 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:

Date of onset

Other contributory causes of importance:

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) Frankie Hedger, M. D.

(Address) Pattonburg mo

