REC'D JUL 11 1938

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

Do not use this space.

22324

File No.
Registered No. 11

1. PLACE OF DEATH
County Linn
Township Benton
City Browning (No. , St. Ward)

Registration District No. 491
Primary Registration District No. 4300

2. FULL NAME Benjamin Titus 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 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1851

7. AGE: Years 86 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) XXXXXXXXXXX
(STATE OR COUNTRY) Pennsylvania

FATHER
13. NAME Jackson Jolley
14. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXX
(STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Mary M. Heingardner
16. BIRTHPLACE (CITY OR TOWN) XXXXXXXXXXX
(STATE OR COUNTRY) Pennsylvania

17. INFORMANT Kenneth Duncan
(ADDRESS) Brookfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoover Cemetery DATE 6/28/1938, 19

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri

20. FILED June 30, 1938 Mrs. Lila Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938, to June 26, 1938
I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 10:25 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
General debility	

Other contributory causes of importance:

Fractured right leg	6/26/38

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? No
If so, specify
(Signed) J. R. McArtor, M. D.
(Address) Browning

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.

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FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

22324
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1. PLACE OF DEATH
(a) County Linn — Registration District No. 497
(b) Township — Primary Registration District No. 4300 — Registered No.
(c) City Browning — (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 Benjamin Titus Jolley
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	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.
86	11	16	

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)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED — 19 — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26, 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
Senility	18
General debility	18

Other contributory causes of importance: Fracture right leg.

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? Accident Date of injury 6/26, 1938
Where did injury occur? Browning Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury fall from bed
Nature of injury Fracture right hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. R. McArthur, M. D.
(Address) Browning Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR C... statement of OCCUPATION is very important. ...IL THEY ARE COMPLETED AS PRESCRIBED BY LAW.