

FILED MAR 10 1940

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

6800
Do not use this space.

1. PLACE OF DEATH
 (a) County Howell Registration District No. 384
 (b) Township West Plains City Primary Registration District No. 4227 Registered No. _____
 (c) City _____ (d) Street No. Christa Hogan Hospital _____ 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse J Jolliff 2 (JOLLIFF)
 (a) Residence, No. _____ St. RT. 3, Koshkonong Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>31-</u>	<u>4</u>	<u>7</u>	

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. farmer
 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) Oregon Co. Mo

FATHER

13. NAME Chas. Jolliff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Alaia Redburn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Mo

17. INFORMANT (ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jolliff DATE 2-8-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert ... West Plains Mo

20. FILED 2-7-1940 Vida M. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan-30, 1940 to 2-4, 1940
 I last saw him alive on 2-4, 1940 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 12-1

Other contributory causes of importance: Appendicitis

Name of operation Appendectomy Date Jan 5/40
 What test confirmed diagnosis? Specimen 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) Hogan M. D.
 (Address) West Plains Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

District Health District No. 8

District File Number 340-253

Date Filed 3840

..... Registered Apprentice No.
Signed Dorothy A. Roberts

Licensed Embalmer No. 3432

P. O. Address West Haven Ct

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.)

If this body is not embalmed, above space should be left blank.