

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

Do not use this space.

24847

1. PLACE OF DEATH

County Henry
Township Bearcreek
City (No.)

Registration District No. 352
Primary Registration District No. 5494

File No.
Registered No. 15
St. Ward

2. FULL NAME

Larry Barton Jolly

(a) Residence. No. Montrose, Mo. RFD #5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 4 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrens, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER John W. Jolly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Julia Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Berlin Ill.
(STATE OR COUNTRY)

14. INFORMANT (Address) Montrose, Mo. RFD #5

15. FILED 7/15 19 1931 J. M. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1931

17. I HEREBY CERTIFY, That I attended deceased from 10:45 AM July 1, 1931 to 11 AM July 1, 1931 that I last saw him alive on July 1, 1931, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heat stroke, in coma and pulsations when seen, temperature 105° F (axillary), 1 hr 20 min 191 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical examination
(Signed) S. B. Hughes, M. D.

July 3, 1931 (Address) Clinton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bear Creek Cemetery 7/3 1931

20. UNDERTAKER J. Lewis ADDRESS Montrose Mo

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.

AUG 26 1931

