

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

Do not use this space.

1. PLACE OF DEATH **NOV 18 1935**

County Bucyrus

Registration District No. 85

File No. 31967

Township

Primary Registration District No. 1001

Registered No. 1113

City St. Joseph

(No. STATE HOSP. #2)

St.

Ward)

2. FULL NAME Mary Jolins

(a) Residence, No. 602 1/2 Gordon Ave. St. Joseph, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1935

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Jolins

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935, to Oct 28, 1935.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1856

I last saw her... alive on October 25, 1935. Death is said to have occurred on the date stated above, at 11:09 a.m.

7. AGE YEARS 79 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Decubitus Ulcers over Sacrum. Date of onset About Oct 1, 1935

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) Unknown (STATE OR COUNTRY) Tennessee

Other contributory causes of importance Fracture of left hip Bone broken accidentally in a fall on floor to pitab Thomas Jefferson

13. NAME William S. Jolley

Name of operation Open Reduction Hip Prosthesis Date of 10-27-35

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

What test confirmed diagnosis Infundibulum Was there an autopsy? yes

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 21, 1935

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

Where did injury occur? State Hosp #2 St. Joseph, Mo (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) City Records

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE LUCAS, KANS. DATE Oct 30, 1935

Manner of injury fall on floor, Hosp Nature of injury Fracture left hip

19. UNDERTAKER (ADDRESS) FREEMAN AND SON INC

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 10-29-35 John R. Bunker Registrar

If so, specify (Signed) George W. Freeman, M. D. (Address) 816 1/2 St. Joseph, 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.

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