

NORTH CAROLINA STATE BOARD OF HEALTH  
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION NO. 32-95

REGISTRAR'S CERTIFICATE NO. 796

15558

1. PLACE OF DEATH a. COUNTY Durham		b. TOWNSHIP Durham	c. LENGTH OF STAY (in 1a) 149 days	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C.		b. COUNTY Alexander	
3. CITY (or TOWN) Durham, N. C.		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY OR TOWN Stony Point		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4. FULL NAME OF (If not in hospital or institution, give street address or location) POSTAL OR INSTITUTION Veterans Administration Hospital				d. STREET ADDRESS or R. F. D. NO. Box 152			

5. NAME OF DECEASED (Type or Print) David		Middle (NMN)		Last JOLLY		6. DATE OF DEATH Month 5 Day 27 Year 63	
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7. SEX Male	8. COLOR OR RACE White	9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10. DATE OF BIRTH 10-14-24	11. AGE (In years last birthday) 38	12. IF UNDER 1 YEAR Months Days Hours	13. IF UNDER 24 HOURS Hours Minutes
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14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Baseball Player	15. KIND OF BUSINESS OR INDUSTRY	16. BIRTHPLACE (State or foreign country) N. C.	17. CITIZEN OF WHAT COUNTRY? U. S. A.
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18. FATHER'S NAME Ralph Jolly	19. MOTHER'S NAME Minnie Fox	20. NAME OF HIS/HER WIFE Doris H. Jolly
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21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	22. SOCIAL SECURITY NO. Unknown	23. INFORMANT'S NAME AND ADDRESS VA Hospital Records, Durham, N. C.
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24. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Tumor ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		25. INTERVAL BETWEEN ONSET AND DEATH 11 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		26. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

27a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
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28. TIME OF INJURY MONTH, DAY, YEAR HOUR	29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	31. CITY OR TOWNSHIP COUNTY STATE
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32. X attended the deceased from 12-29-62 to 5-27-63. Death occurred at 11:40 A.M. on the date stated above; and to the best of my knowledge from the causes stated.

33. SIGNATURE Steve Mahaley (Degree or title) M. D.	34. ADDRESS VA Hospital, Durham, N.C.	35. DATE SIGNED 5-27-63
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36. BURIAL OR CREMATION, REMOVAL (Specify) Burial	37. DATE 23b. DATE May 29, 1963	38. NAME OF CEMETERY OR CREMATORY Stony Point Cemetery,	39. LOCATION (City, town, or county) (State) Stony Point, North Carolina
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40. DATE REC'D BY LOCAL MAY 31 1963	41. REGISTRAR'S SIGNATURE [Signature]	42. FUNERAL HOME Inc. Bunch F. H. Statesville, N. C. 226 W. Broad Street
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