MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Montgomery — Registration District No. 592

Township: — Primary Registration District No. 4350

City: Montgomery City Mo (No. ..., St. ..., Ward)

File No. 7334

Registered No. 3

2. FULL NAME Jessie L. Harrell

(a) Residence, No. ... St., ... Ward. ...
(Usual place of abode) 45 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/24/1959

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	10	16	

OCCUPATION

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

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) (STATE OR COUNTRY) Maryland.

FATHER

13. NAME Jesse R. Ebaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

MOTHER

15. MAIDEN NAME Caroline Nelson

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

17. INFORMANT J.A. Harrell
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montg City Cem DATE 2/13/37, 19

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED Feb 11, 1937 Buell Menefee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937, to Feb. 10, 1937

I last saw him alive on Feb. 10, 1937. Death is said to have occurred on the date stated above, at 11 pm.

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

	Date of onset
1. Pulmonary Oedema	Feb. 10
2. Influenza	Feb. 4

Other contributory causes of importance: 1B

Name of operation ... Date of ...

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

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) Buell Menefee, M. D.

(Address) Montgomery City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.