MSD APR 20 1939

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

11546
Do not use this space.

1. PLACE OF DEATH
(a) County Marion 3 Registration District No. 547
(b) Township Mason 1 Primary Registration District No. 3029 Registered No. 104
(c) City or Hannibal (d) Street No. U.S. No 36 entering Hannibal per ambulance
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Ella Virginia Jett.
(a) Residence, No. St. Monroe City, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph H. Jett.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 7th 1861
7. AGE: YEARS 77 MONTHS 5 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as saw mill, bank, etc.: Own Home.
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): Monroe Co Missouri

FATHER
13. NAME: Norman Bradley.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Lutrecia Utterback
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Monroe Jett Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: St Judes Cemetary Monroe City Mo DATE: March 20th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wilson & Son. Monroe City, Mo.
20. FILED: Mar. 20 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18th 1939
22. I HEREBY CERTIFY, That I attended deceased from March 16th 1939, to March 18th 1939
I last saw her alive on March 18th 1939 Death is said to have occurred on the date stated above, at 10:45 A.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia. Date of onset: March 7 1939
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Other contributory causes of importance: Senility
Name of operation: None Date of: —
What test confirmed diagnosis: Clinical 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) [signature], M. D.
(Address) Monroe City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3214

P. O. Address Monroe City MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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