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

Do not use this space.

20161

File No. 5934

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. 79

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 3015A Rauschenbach St. ..... Ward)

**2. FULL NAME** Harley M. Jett

(a) Residence. No. 3015A Rauschenbach Ward. 20

(Usual place of abode) (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*) |
|---|---|---|
| male | white | widower |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 1873

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 8 | 1 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Kroger Store

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jasper Jett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Liles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

14. INFORMANT Mr Paul Jett

(Address) 3015A Rauschenbach

15. FILED. N 28 1927, 19.. Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1927

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927, to June 27, 1927, that I last saw him alive on June 27, 1927, and that death occurred, on the date stated above, at 7:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleurisy (pneumococ. Cus.) 1

1125

1350

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) cystitis

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 108 W

8

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. Rhandlin, M. D

6/28, 1927 (Address) 1514 Jefferson

*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 Bell Missouri | DATE OF BURIAL June 29 1927

20. UNDERTAKER E. J. Schmur | ADDRESS 3125 Lafayette Ave

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.