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

Do not use this space.

File No. 27584
Registered No. ~~[illegible]~~ 114

1. PLACE OF DEATH

County: Jasper
Township:
City: Webb City (No. ..... St. ..... Ward)

Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME Jerry C. McNett

(a) Residence. No. 504 B. Devon St., ... Ward.
(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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Anna McNett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 20, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Powder Worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Carl Junction
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Gus McNett
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Wis
12. MAIDEN NAME OF MOTHER: Emma Sawyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Wis

14. INFORMANT: Mrs. Anna McNett
(Address): Webb City, Mo.

15. FILED 9/9, 1927 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 7, 1927, that I last saw him alive on Sept 6, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease
Chronic valvular disease
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Barson, M. D.
9/9, 1927 (Address) Joplin Mo.

*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: Carl Junction Mo — DATE OF BURIAL: 9/9 1927

20. UNDERTAKER: Webb City Undt Co — ADDRESS: Webb City Mo.

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.