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

Do not use this space.

36578

1. PLACE OF DEATH
County Gasconade — Registration District No. 305 — File No.
Township — Primary Registration District No. 4184 — Registered No. 36
City Owensville (No. ... St. ... Ward)

2. FULL NAME Charley S. Jett
(a) Residence. No. ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 24 - 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
58	2	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER John Jett
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER Jane Owens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT Mrs. Charley S. Jett
(Address) Owensville, Mo.

15. FILED 11-29 1928 J. J. Ferrell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1928, to September 23 1928 that I last saw him alive on Nov 22 1928, and that death occurred, on the date stated above, at 4 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary T.B.

(duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? — none
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas H Wood, M.D.
11-28, 1928 (Address) Owensville, 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: Owensville, Mo. City Cemetery
DATE OF BURIAL: 11-25 1928

20. UNDERTAKER: W. F. Gottenstraeter
ADDRESS: Owensville

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.