AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH Osage
County Osage
Township ~~Crawf~~ Crawford
City Linn, Mo. R. D. (No. ..... St. ..... Ward)

Registration District No. 646
Primary Registration District No. 5849

File No. 27975
Registered No. 15

2. FULL NAME Verlyn Ray Jett
(a) Residence, No. Linn, Mo. 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1937
7. AGE YEARS - MONTHS 1 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) Linn, Mo.

FATHER
13. NAME Willard Jett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Missouri.

MOTHER
15. MAIDEN NAME Catherine Gerens Cavender
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Missouri.

17. INFORMANT (ADDRESS) Willard Jett Linn, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Linn, Mo. DATE July 14, 37 19
19. UNDERTAKER (ADDRESS) Clyde Morton Linn, Mo.
20. FILED July 14, 1937 Mrs Dora Jett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937, to July 12, 1937
I last saw her alive on July 12, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Emictation	
2. Dysentery	

Other contributory causes of importance: 13C

Name of operation None Date of
What test confirmed diagnosis? Phys & Chem 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?
If so, specify
(Signed) Wm V. McKnelly, M. D.
(Address) Chamois Mo.

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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