

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

Do not use this space.

34194

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 961)

St. Mo. Ward 11 Campbell

File No. \_\_\_\_\_

Registered No. 757

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Benjamin De Ment

(a) Residence, No. 961 N Campbell St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Springfield

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada De Ment</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-14-1864</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>7</u>	IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zorra

13. NAME Jacob De Ment

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zorra

15. MAIDEN NAME Emmerline Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zorra

17. INFORMANT Mrs. Clarence Powell  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 10-23 1931

19. UNDERTAKER W. J. Sterne  
(ADDRESS) Springfield, Mo.

20. FILED 10-22 1931 W. J. Sterne  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4/1931

22. I HEREBY CERTIFY, That attended deceased from Sept 15, 1931, to Oct 4/1, 1931.  
I last saw him alive on Oct 1/1931. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Branchitis  
953  
106D  
9510  
Organ Heart disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. J. Sterne, M. D.

(Address) \_\_\_\_\_

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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