

FEB 27 1934

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

Do not use this space.

1838

1. PLACE OF DEATH

County *Mc Donald*
Township *Mountain*
City *Jacket*

Registration District No. *1011*

File No.

Primary Registration District No. *511*

Registered No.

(No. _____)

St. _____

Ward _____

2. FULL NAME *Jerome Benton Dent*

(a) Residence, No. _____ St. _____
(Usual place of abode)

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *lifetime* yrs. mos. ds.

lifetime

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 *Jessie Turner*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 14 - 1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *until death* 11. Total time (years) spent in this occupation *lifetime*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO.*

13. NAME *James A Dent*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO.*

15. MAIDEN NAME *Lusie Vansdent*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO.*

17. INFORMANT (ADDRESS) *David Dent Jacket Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dent Cem.* DATE *Jan 14 1934*

19. UNDERTAKER (ADDRESS) *Ralph Miller Pea Ridge, Ark.*

20. FILED _____ 19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 13 1934*

22. I HEREBY CERTIFY That I attended deceased from *San Palen only one on 4/20*

I last saw *him* alive on *1-13*, 19*34*. Death is said to have occurred on the date stated above, at *7:20 P.m.*

The principal cause of death and related causes of importance were as follows:

*Acute Meningitis
febrile reaction
on his nose*

Other contributory causes of importance:

Name of operation *6* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

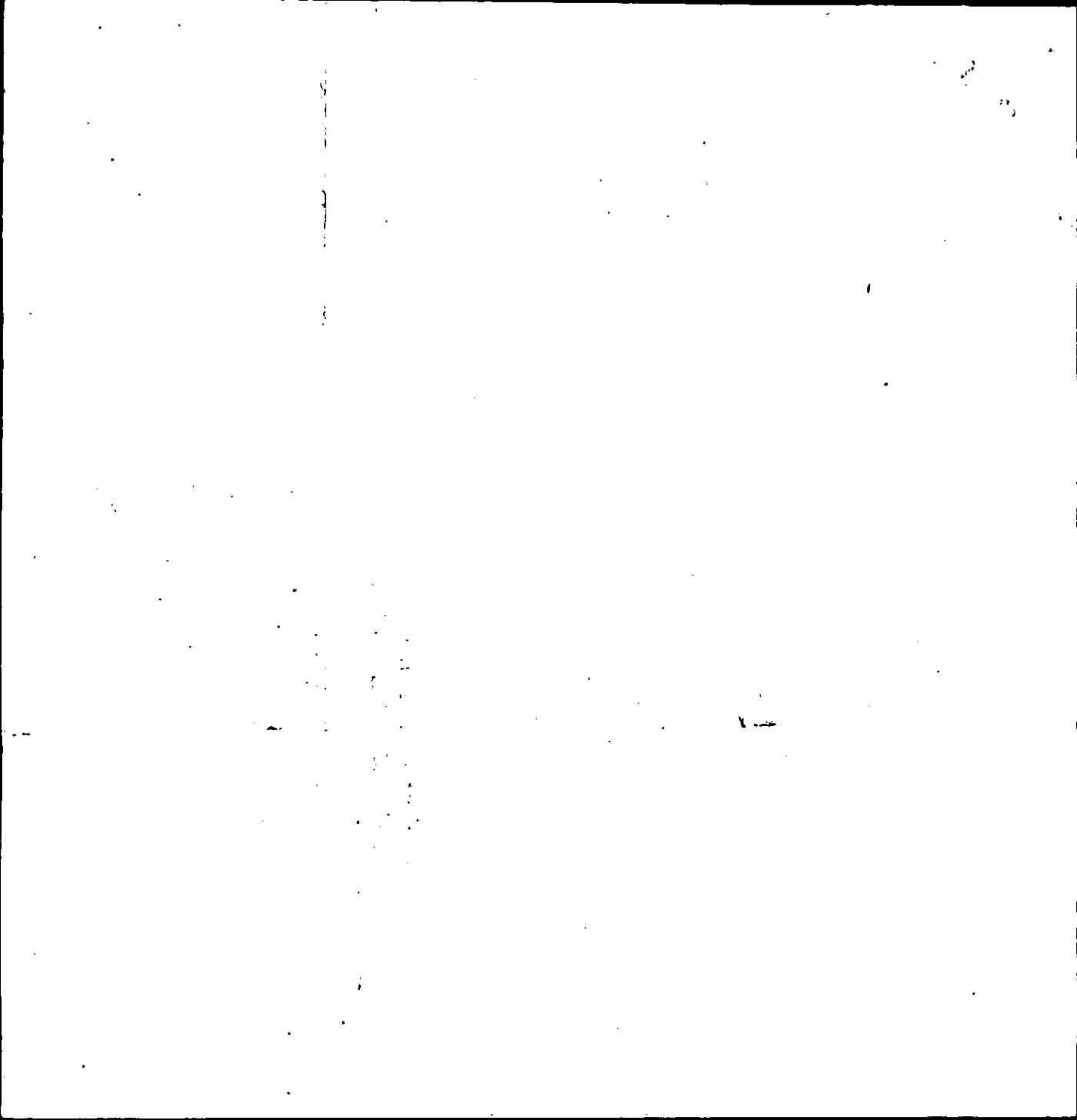
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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) *Lee Green*, M. D.
(Address) *Pea Ridge Ark.*



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

1838

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

McDonald

WASHINGTON

Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jerome Benton Dent
Died at _____ on Jan 13 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Color or race M W Single, married, widowed or divorced: _____
Age: Years 54 Months 3 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Deceased last worked at this occupation: Month _____ Year _____
Place (State or country) _____
Place of father (State or country) _____
Place of mother (State or country) _____
Principal cause of death: all meningitis - following infection on nose 52 carcinoma

Contributory causes of importance _____
Date of operation _____
Test confirmed diagnosis? _____ Was there an autopsy? _____
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.
Where of injury _____
Where of injury _____
Disease or injury in any way related to occupation of deceased? _____

If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar: Ester Schell

3-27-34
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 1078
Primary Reg. Dist. No. 5695

Very truly yours,
E. T. McGaugh M.D.
Special Agent. g.c.

