

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.

Mar 28 1937

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

Do not use this space.

43816

1. PLACE OF DEATH

County Buchanan, Registration District No. 100
 Township St. Joseph, Primary Registration District No. 100
 City St. Joseph, (No. Missouri Methodist Hospital, St. Grant City, Mo. Ward)

File No. 1541
 Registered No. 1541

2. FULL NAME Benjamin Edward Dehart,

(a) Residence, No. St. Grant City, Mo. Ward. Grant City, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|--|--|--|
| 3. SEX <u>Male,</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Velva Dehart,</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10th. 1901</u> | | | | |
| 7. AGE | YEARS <u>35</u> | MONTHS <u>3</u> | DAYS <u>6</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer,</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>P.W.A.</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Dec 16, 1936</u> | | 11. Total time (years) spent in this occupation <u>1</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parnell, Missouri,</u> | | | | |
| FATHER | 13. NAME <u>Richard D. Dehart,</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worth County, Missouri,</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Ida Mae Vassar</u> | | | |
| | 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alleandale, Mo.</u> | | | |
| 17. INFORMANT <u>Robert Dehart</u> (ADDRESS) <u>Grant City, Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Alleandale, Mo.</u> DATE <u>Dec. 17, 1936</u> | | | | |
| 19. UNDERTAKER, <u>Heaton-Beyeler & Bauman</u> (ADDRESS) <u>519 So. 20th St. St. Joseph, Mo.</u> | | | | |
| 20. FILED <u>Dec. 17, 1936</u> <u>J. S. Neel</u> <u>Registrar</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936 to Dec 16, 1936
 I last saw him alive on Dec 16, 1936 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset 10
Acute congestive Heart failure 20
Sept 23
3d degree burns Sept 23
Legs & thighs

Other contributory causes of importance:
None
 Name of operation None Date of None
 What test confirmed diagnosis? Chol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 12/23/36
 Where did injury occur? Alleandale Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury at Alleandale, Mo.
 Nature of injury Burns on legs & thighs

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) H. S. Samsal, M. D.
 (Address) St Joseph Mo.

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