

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

1 PLACE OF DEATH

County Warter
Township Johnson
or
Village
or
City (NO. St. Ward)

Registration District No. 145 File No. 9 12478
Primary Registration District No. 5208 Registered No. 5

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary F. Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED married WIDOWED OR DIVORCED (If write the word)

6 DATE OF BIRTH Feb. 27 1844
(Month) (Day) (Year)

7 AGE 74 yrs. 1 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Dixon Ky.

PARENTS
10 NAME OF FATHER John Morgan
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
12 MAIDEN NAME OF MOTHER Mary E.
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. T. Mason
(Address) Ellsinn, Mo.

15 Filed April 2 1918 Alexander Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec. 24 1917 to April 1 1918 that I last saw her alive on March 26 1918 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Heart Failure
131

CONTRIBUTORY (Secondary) Chronic Hepatitis
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Dr. Mc Johnson M. D.
April 2 1918 (Address) Ellsinn, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Denson Cem DATE OF BURIAL April 2 1918

20 UNDERTAKER D.C. Hetterbrand ADDRESS Ellsinn, Mo.

N. B.—Every item of information should be entered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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

1 PLACE OF DEATH

County Carter
Township Johnson
Village
or
City (NO. St. Ward)

Registration District No. 145 File No.
Primary Registration District No. 5308 Registered No. 5

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mary F. Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer's name)

9 BIRTHPLACE (City or town, State or foreign country)

PARENTS 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

15 Filed August 8, 1918 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) (Year) Apr 1 1918

17 I HEREBY CERTIFY, that I attended deceased from Sept 20, 1917 to 1917, that I last saw him alive on Sept 20, 1917 and that death occurred, on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH was as follows:
Heart Failure
Chronic Interstitial Nephritis
(Duration) 120 yrs. mos. ds.
CONTRIBUTORY (Secondary) None known
(Duration) yrs. mos. ds.
(Signed) _____ M. D.
, 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence Wagon

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL, 191

20 UNDERTAKER ADDRESS

CAUSE OF DEATH in Death forms, as published, is compulsory. Exact statement of OCCUPATION is very important. MISSOURI STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, ST. LOUIS, MO.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, (the DISEASE CAUSING DEATH) (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*, (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

82478

Also OTHER OF DEATH ARE TO REPORT:

1. ICD-9 CODE: 01.00.00

2. ICD-9 CODE: 01.00.00

3. ICD-9 CODE: 01.00.00

4. ICD-9 CODE: 01.00.00

5. ICD-9 CODE: 01.00.00

6. ICD-9 CODE: 01.00.00

7. ICD-9 CODE: 01.00.00

8. ICD-9 CODE: 01.00.00

9. ICD-9 CODE: 01.00.00

10. ICD-9 CODE: 01.00.00

11. ICD-9 CODE: 01.00.00

12. ICD-9 CODE: 01.00.00

13. ICD-9 CODE: 01.00.00

14. ICD-9 CODE: 01.00.00

15. ICD-9 CODE: 01.00.00

16. ICD-9 CODE: 01.00.00

17. ICD-9 CODE: 01.00.00

18. ICD-9 CODE: 01.00.00

19. ICD-9 CODE: 01.00.00

20. ICD-9 CODE: 01.00.00

21. ICD-9 CODE: 01.00.00

22. ICD-9 CODE: 01.00.00

23. ICD-9 CODE: 01.00.00

24. ICD-9 CODE: 01.00.00

25. ICD-9 CODE: 01.00.00

26. ICD-9 CODE: 01.00.00

27. ICD-9 CODE: 01.00.00

28. ICD-9 CODE: 01.00.00

29. ICD-9 CODE: 01.00.00

30. ICD-9 CODE: 01.00.00

31. ICD-9 CODE: 01.00.00

32. ICD-9 CODE: 01.00.00

33. ICD-9 CODE: 01.00.00

34. ICD-9 CODE: 01.00.00

35. ICD-9 CODE: 01.00.00

36. ICD-9 CODE: 01.00.00

37. ICD-9 CODE: 01.00.00

38. ICD-9 CODE: 01.00.00

39. ICD-9 CODE: 01.00.00

40. ICD-9 CODE: 01.00.00

41. ICD-9 CODE: 01.00.00

42. ICD-9 CODE: 01.00.00

43. ICD-9 CODE: 01.00.00

44. ICD-9 CODE: 01.00.00

45. ICD-9 CODE: 01.00.00

46. ICD-9 CODE: 01.00.00

47. ICD-9 CODE: 01.00.00

48. ICD-9 CODE: 01.00.00

49. ICD-9 CODE: 01.00.00

50. ICD-9 CODE: 01.00.00

51. ICD-9 CODE: 01.00.00

52. ICD-9 CODE: 01.00.00

53. ICD-9 CODE: 01.00.00

54. ICD-9 CODE: 01.00.00

55. ICD-9 CODE: 01.00.00

56. ICD-9 CODE: 01.00.00

57. ICD-9 CODE: 01.00.00

58. ICD-9 CODE: 01.00.00

59. ICD-9 CODE: 01.00.00

60. ICD-9 CODE: 01.00.00

61. ICD-9 CODE: 01.00.00

62. ICD-9 CODE: 01.00.00

63. ICD-9 CODE: 01.00.00

64. ICD-9 CODE: 01.00.00

65. ICD-9 CODE: 01.00.00

66. ICD-9 CODE: 01.00.00

67. ICD-9 CODE: 01.00.00

68. ICD-9 CODE: 01.00.00

69. ICD-9 CODE: 01.00.00

70. ICD-9 CODE: 01.00.00

71. ICD-9 CODE: 01.00.00

72. ICD-9 CODE: 01.00.00

73. ICD-9 CODE: 01.00.00

74. ICD-9 CODE: 01.00.00

75. ICD-9 CODE: 01.00.00

76. ICD-9 CODE: 01.00.00

77. ICD-9 CODE: 01.00.00

78. ICD-9 CODE: 01.00.00

79. ICD-9 CODE: 01.00.00

80. ICD-9 CODE: 01.00.00

81. ICD-9 CODE: 01.00.00

82. ICD-9 CODE: 01.00.00

83. ICD-9 CODE: 01.00.00

84. ICD-9 CODE: 01.00.00

85. ICD-9 CODE: 01.00.00

86. ICD-9 CODE: 01.00.00

87. ICD-9 CODE: 01.00.00

88. ICD-9 CODE: 01.00.00

89. ICD-9 CODE: 01.00.00

90. ICD-9 CODE: 01.00.00

91. ICD-9 CODE: 01.00.00

92. ICD-9 CODE: 01.00.00

93. ICD-9 CODE: 01.00.00

94. ICD-9 CODE: 01.00.00

95. ICD-9 CODE: 01.00.00

96. ICD-9 CODE: 01.00.00

97. ICD-9 CODE: 01.00.00

98. ICD-9 CODE: 01.00.00

99. ICD-9 CODE: 01.00.00

100. ICD-9 CODE: 01.00.00

101. ICD-9 CODE: 01.00.00

102. ICD-9 CODE: 01.00.00

103. ICD-9 CODE: 01.00.00

104. ICD-9 CODE: 01.00.00

105. ICD-9 CODE: 01.00.00

106. ICD-9 CODE: 01.00.00

107. ICD-9 CODE: 01.00.00

108. ICD-9 CODE: 01.00.00

109. ICD-9 CODE: 01.00.00

110. ICD-9 CODE: 01.00.00

111. ICD-9 CODE: 01.00.00

112. ICD-9 CODE: 01.00.00

113. ICD-9 CODE: 01.00.00

114. ICD-9 CODE: 01.00.00

115. ICD-9 CODE: 01.00.00

116. ICD-9 CODE: 01.00.00

117. ICD-9 CODE: 01.00.00

118. ICD-9 CODE: 01.00.00

119. ICD-9 CODE: 01.00.00

120. ICD-9 CODE: 01.00.00

121. ICD-9 CODE: 01.00.00

122. ICD-9 CODE: 01.00.00

123. ICD-9 CODE: 01.00.00

124. ICD-9 CODE: 01.00.00

125. ICD-9 CODE: 01.00.00

126. ICD-9 CODE: 01.00.00

127. ICD-9 CODE: 01.00.00

128. ICD-9 CODE: 01.00.00

129. ICD-9 CODE: 01.00.00

130. ICD-9 CODE: 01.00.00

131. ICD-9 CODE: 01.00.00

132. ICD-9 CODE: 01.00.00

133. ICD-9 CODE: 01.00.00

134. ICD-9 CODE: 01.00.00

135. ICD-9 CODE: 01.00.00

136. ICD-9 CODE: 01.00.00

137. ICD-9 CODE: 01.00.00

138. ICD-9 CODE: 01.00.00

139. ICD-9 CODE: 01.00.00

140. ICD-9 CODE: 01.00.00

141. ICD-9 CODE: 01.00.00

142. ICD-9 CODE: 01.00.00

143. ICD-9 CODE: 01.00.00

144. ICD-9 CODE: 01.00.00

145. ICD-9 CODE: 01.00.00

146. ICD-9 CODE: 01.00.00

147. ICD-9 CODE: 01.00.00

148. ICD-9 CODE: 01.00.00

149. ICD-9 CODE: 01.00.00

150. ICD-9 CODE: 01.00.00

151. ICD-9 CODE: 01.00.00

152. ICD-9 CODE: 01.00.00

153. ICD-9 CODE: 01.00.00

154. ICD-9 CODE: 01.00.00

155. ICD-9 CODE: 01.00.00

156. ICD-9 CODE: 01.00.00

157. ICD-9 CODE: 01.00.00

158. ICD-9 CODE: 01.00.00

159. ICD-9 CODE: 01.00.00

160. ICD-9 CODE: 01.00.00

161. ICD-9 CODE: 01.00.00

162. ICD-9 CODE: 01.00.00

163. ICD-9 CODE: 01.00.00

164. ICD-9 CODE: 01.00.00

165. ICD-9 CODE: 01.00.00

166. ICD-9 CODE: 01.00.00

167. ICD-9 CODE: 01.00.00

168. ICD-9 CODE: 01.00.00

169. ICD-9 CODE: 01.00.00

170. ICD-9 CODE: 01.00.00

171. ICD-9 CODE: 01.00.00

172. ICD-9 CODE: 01.00.00

173. ICD-9 CODE: 01.00.00

174. ICD-9 CODE: 01.00.00

175. ICD-9 CODE: 01.00.00

176. ICD-9 CODE: 01.00.00

177. ICD-9 CODE: 01.00.00

178. ICD-9 CODE: 01.00.00

179. ICD-9 CODE: 01.00.00

180. ICD-9 CODE: 01.00.00

181. ICD-9 CODE: 01.00.00

182. ICD-9 CODE: 01.00.00

183. ICD-9 CODE: 01.00.00

184. ICD-9 CODE: 01.00.00

185. ICD-9 CODE: 01.00.00

186. ICD-9 CODE: 01.00.00

187. ICD-9 CODE: 01.00.00

188. ICD-9 CODE: 01.00.00

189. ICD-9 CODE: 01.00.00

190. ICD-9 CODE: 01.00.00

191. ICD-9 CODE: 01.00.00

192. ICD-9 CODE: 01.00.00

193. ICD-9 CODE: 01.00.00

194. ICD-9 CODE: 01.00.00

195. ICD-9 CODE: 01.00.00

196. ICD-9 CODE: 01.00.00

197. ICD-9 CODE: 01.00.00

198. ICD-9 CODE: 01.00.00

199. ICD-9 CODE: 01.00.00

200. ICD-9 CODE: 01.00.00

201. ICD-9 CODE: 01.00.00

202. ICD-9 CODE: 01.00.00

203. ICD-9 CODE: 01.00.00

204. ICD-9 CODE: 01.00.00

205. ICD-9 CODE: 01.00.00

206. ICD-9 CODE: 01.00.00

207. ICD-9 CODE: 01.00.00

208. ICD-9 CODE: 01.00.00

209. ICD-9 CODE: 01.00.00

210. ICD-9 CODE: 01.00.00

211. ICD-9 CODE: 01.00.00

212. ICD-9 CODE: 01.00.00

213. ICD-9 CODE: 01.00.00

214. ICD-9 CODE: 01.00.00

215. ICD-9 CODE: 01.00.00

216. ICD-9 CODE: 01.00.00

217. ICD-9 CODE: 01.00.00

218. ICD-9 CODE: 01.00.00

219. ICD-9 CODE: 01.00.00

220. ICD-9 CODE: 01.00.00

221. ICD-9 CODE: 01.00.00

222. ICD-9 CODE: 01.00.00

223. ICD-9 CODE: 01.00.00

224. ICD-9 CODE: 01.00.00

225. ICD-9 CODE: 01.00.00

226. ICD-9 CODE: 01.00.00

227. ICD-9 CODE: 01.00.00

228. ICD-9 CODE: 01.00.00

229. ICD-9 CODE: 01.00.00

230. ICD-9 CODE: 01.00.00

231. ICD-9 CODE: 01.00.00

232. ICD-9 CODE: 01.00.00

233. ICD-9 CODE: 01.00.00

234. ICD-9 CODE: 01.00.00

235. ICD-9 CODE: 01.00.00

236. ICD-9 CODE: 01.00.00

237. ICD-9 CODE: 01.00.00

238. ICD-9 CODE: 01.00.00

239. ICD-9 CODE: 01.00.00

240. ICD-9 CODE: 01.00.00

241. ICD-9 CODE: 01.00.00

242. ICD-9 CODE: 01.00.00

243. ICD-9 CODE: 01.00.00

244. ICD-9 CODE: 01.00.00

245. ICD-9 CODE: 01.00.00

246. ICD-9 CODE: 01.00.00

247. ICD-9 CODE: 01.00.00

248. ICD-9 CODE: 01.00.00

249. ICD-9 CODE: 01.00.00

250. ICD-9 CODE: 01.00.00

251. ICD-9 CODE: 01.00.00

252. ICD-9 CODE: 01.00.00

253. ICD-9 CODE: 01.00.00

254. ICD-9 CODE: 01.00.00

255. ICD-9 CODE: 01.00.00

256. ICD-9 CODE: 01.00.00

257. ICD-9 CODE: 01.00.00

258. ICD-9 CODE: 01.00.00

259. ICD-9 CODE: 01.00.00

260. ICD-9 CODE: 01.00.00

261. ICD-9 CODE: 01.00.00

262. ICD-9 CODE: 01.00.00

263. ICD-9 CODE: 01.00.00

264. ICD-9 CODE: 01.00.00

265. ICD-9 CODE: 01.00.00

266. ICD-9 CODE: 01.00.00

267. ICD-9 CODE: 01.00.00

268. ICD-9 CODE: 01.00.00

269. ICD-9 CODE: 01.00.00

270. ICD-9 CODE: 01.00.00

271. ICD-9 CODE: 01.00.00

272. ICD-9 CODE: 01.00.00

273. ICD-9 CODE: 01.00.00

274. ICD-9 CODE: 01.00.00

275. ICD-9 CODE: 01.00.00

276. ICD-9 CODE: 01.00.00

277. ICD-9 CODE: 01.00.00

278. ICD-9 CODE: 01.00.00

279. ICD-9 CODE: 01.00.00

280. ICD-9 CODE: 01.00.00

281. ICD-9 CODE: 01.00.00

282. ICD-9 CODE: 01.00.00

283. ICD-9 CODE: 01.00.00

284. ICD-9 CODE: 01.00.00

285. ICD-9 CODE: 01.00.00

286. ICD-9 CODE: 01.00.00

287. ICD-9 CODE: 01.00.00

288. ICD-9 CODE: 01.00.00

289. ICD-9 CODE: 01.00.00

290. ICD-9 CODE: 01.00.00

291. ICD-9 CODE: 01.00.00

292. ICD-9 CODE: 01.00.00

293. ICD-9 CODE: 01.00.00

294. ICD-9 CODE: 01.00.00

295. ICD-9 CODE: 01.00.00

296. ICD-9 CODE: 01.00.00

297. ICD-9 CODE: 01.00.00

298. ICD-9 CODE: 01.00.00

299. ICD-9 CODE: 01.00.00

300. ICD-9 CODE: 01.00.00

301. ICD-9 CODE: 01.00.00

302. ICD-9 CODE: 01.00.00

303. ICD-9 CODE: 01.00.00

304. ICD-9 CODE: 01.00.00

305. ICD-9 CODE: 01.00.00

306. ICD-9 CODE: 01.00.00

307. ICD-9 CODE: 01.00.00

308. ICD-9 CODE: 01.00.00

309. ICD-9 CODE: 01.00.00

310. ICD-9 CODE: 01.00.00

311. ICD-9 CODE: 01.00.00

312. ICD-9 CODE: 01.00.00

313. ICD-9 CODE: 01.00.00

314. ICD-9 CODE: 01.00.00

315. ICD-9 CODE: 01.00.00

316. ICD-9 CODE: 01.00.00

317. ICD-9 CODE: 01.00.00

318. ICD-9 CODE: 01.00.00

319. ICD-9 CODE: 01.00.00

320. ICD-9 CODE: 01.00.00

321. ICD-9 CODE: 01.00.00

322. ICD-9 CODE: 01.00.00

323. ICD-9 CODE: 01.00.00

324. ICD-9 CODE: 01.00.00

325. ICD-9 CODE: 01.00.00

326. ICD-9 CODE: 01.00.00

327. ICD-9 CODE: 01.00.00

328. ICD-9 CODE: 01.00.00

329. ICD-9 CODE: 01.00.00

330. ICD-9 CODE: 01.00.00

331. ICD-9 CODE: 01.00.00

332. ICD-9 CODE: 01.00.00

333. ICD-9 CODE: 01.00.00

334. ICD-9 CODE: 01.00.00

335. ICD-9 CODE: 01.00.00

336. ICD-9 CODE: 01.00.00

337. ICD-9 CODE: 01.00.00

338. ICD-9 CODE: 01.00.00

339. ICD-9 CODE: 01.00.00

340. ICD-9 CODE: 01.00.00

341. ICD-9 CODE: 01.00.00

342. ICD-9 CODE: 01.00.00

343. ICD-9 CODE: 01.00.00

344. ICD-9 CODE: 01.00.00

345. ICD-9 CODE: 01.00.00

346. ICD-9 CODE: 01.00.00

347. ICD-9 CODE: 01.00.00

348. ICD-9 CODE: 01.00.00

349. ICD-9 CODE: 01.00.00

350. ICD-9 CODE: 01.00.00

351. ICD-9 CODE: 01.00.00

352. ICD-9 CODE: 01.00.00

353. ICD-9 CODE: 01.00.00

354. ICD-9 CODE: 01.00.00

355. ICD-9 CODE: 01.00.00

356. ICD-9 CODE: 01.00.00

357. ICD-9 CODE: 01.00.00

358. ICD-9 CODE: 01.00.00

359. ICD-9 CODE: 01.00.00

360. ICD-9 CODE: 01.00.00

361. ICD-9 CODE: 01.00.00

362. ICD-9 CODE: 01.00.00

363. ICD-9 CODE: 01.00.00

364. ICD-9 CODE: 01.00.00

365. ICD-9 CODE: 01.00.00

366. ICD-9 CODE: 01.00.00

367. ICD-9 CODE: 01.00.00

368. ICD-9 CODE: 01.00.00

369. ICD-9 CODE: 01.00.00

370. ICD-9 CODE: 01.00.00

371. ICD-9 CODE: 01.00.00

372. ICD-9 CODE: 01.00.00

373. ICD-9 CODE: 01.00.00

374. ICD-9 CODE: 01.00.00

375. ICD-9 CODE: 01.00.00

376. ICD-9 CODE: 01.00.00

377. ICD-9 CODE: 01.00.00

378. ICD-9 CODE: 01.00.00

379. ICD-9 CODE: 01.00.00

380. ICD-9 CODE: 01.00.00

381. ICD-9 CODE: 01.00.00

382. ICD-9 CODE: 01.00.00

383. ICD-9 CODE: 01.00.00

384. ICD-9 CODE: 01.00.00

385. ICD-9 CODE: 01.00.00

386. ICD-9 CODE: 01.00.00

387. ICD-9 CODE: 01.00.00

388. ICD-9 CODE: 01.00.00

389. ICD-9 CODE: 01.00.00

390. ICD-9 CODE: 01.00.00

391. ICD-9 CODE: 01.00.00

392. ICD-9 CODE: 01.00.00

393. ICD-9 CODE: 01.00.00

394. ICD-9 CODE: 01.00.00

395. ICD-9 CODE: 01.00.00

396. ICD-9 CODE: 01.00.00

397. ICD-9 CODE: 01.00.00

398. ICD-9 CODE: 01.00.00

399. ICD-9 CODE: 01.00.00

400. ICD-9 CODE: 01.00.00

401. ICD-9 CODE: 01.00.00

402. ICD-9 CODE: 01.00.00

403. ICD-9 CODE: 01.00.00

404. ICD-9 CODE: 01.00.00

405. ICD-9 CODE: 01.00.00

406. ICD-9 CODE: 01.00.00

407. ICD-9 CODE: 01.00.00

408. ICD-9 CODE: 01.00.00

409. ICD-9 CODE: 01.00.00

410. ICD-9 CODE: 01.00.00

411. ICD-9 CODE: 01.00.00

412. ICD-9 CODE: 01.00.00

413. ICD-9 CODE: 01.00.00

414. ICD-9 CODE: 01.00.00

415. ICD-9 CODE: 01.00.00

416. ICD-9 CODE: 01.00.00

417. ICD-9 CODE: 01.00.00

418. ICD-9 CODE: 01.00.00

419. ICD-9 CODE: 01.00.00

420. ICD-9 CODE: 01.00.00

421. ICD-9 CODE: 01.00.00

422. ICD-9 CODE: 01.00.00

423. ICD-9 CODE: 01.00.00

424. ICD-9 CODE: 01.00.00

425. ICD-9 CODE: 01.00.00

426. ICD-9 CODE: 01.00.00

427. ICD-9 CODE: 01.00.00

428. ICD-9 CODE: 01.00.00

429. ICD-9 CODE: 01.00.00

430. ICD-9 CODE: 01.00.00

431. ICD-9 CODE: 01.00.00

432. ICD-9 CODE: 01.00.00

433. ICD-9 CODE: 01.00.00

434. ICD-9 CODE: 01.00.00

435. ICD-9 CODE: 01.00.00

436. ICD-9 CODE: 01.00.00

437. ICD-9 CODE: 01.00.00

438. ICD-9 CODE: 01.00.00

439. ICD-9 CODE: 01.00.00

440. ICD-9 CODE: 01.00.00

441. ICD-9 CODE: 01.00.00

442. ICD-9 CODE: 01.00.00

443. ICD-9 CODE: 01.00.00

444. ICD-9 CODE: 01.00.00

445. ICD-9 CODE: 01.00.00

446. ICD-9 CODE: 01.00.00

447. ICD-9 CODE: 01.00.00

448. ICD-9 CODE: 01.00.00

449. ICD-9 CODE: 01.00.00

450. ICD-9 CODE: 01.00.00

451. ICD-9 CODE: 01.00.00

452. ICD-9 CODE: 01.00.00

453. ICD-9 CODE: 01.00.00

454. ICD-9 CODE: 01.00.00

455. ICD-9 CODE: 01.00.00

456. ICD-9 CODE: 01.00.00

457. ICD-9 CODE: 01.00.00

458. ICD-9 CODE: 01.00.00

459. ICD-9 CODE: 01.00.00

460. ICD-9 CODE: 01.00.00

461. ICD-9 CODE: 01.00.00

462. ICD-9 CODE: 01.00.00

463. ICD-9 CODE: 01.00.00

464. ICD-9 CODE: 01.00.00

465. ICD-9 CODE: 01.00.00

466. ICD-