N. 28 1927

Do not use this space.

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

39218

1. PLACE OF DEATH

County: St Charles — Registration District No.: 760 — File No.:

Township: Dardenne — Primary Registration District No.: 6001 — Registered No.: 41

City: ..... (No. ....., ... St., ... Ward)

2. FULL NAME Supposed to be Ralph Henry.

(a) Residence. No. ..... St., ... Ward. Unknown (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	28			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

PARENTS

10. NAME OF FATHER: No Record
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No Record
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT (Address): Jas H Dallmeyer St Charles Mo

15. FILED Dec 26, 1926 — J M Jenkins, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1926

17. I HEREBY CERTIFY, That I attended deceased from Field Inquest Dec 24, 1926 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidentally burned to death

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) per T.J. ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? accidently Burned to death

DID AN OPERATION PRECEDE DEATH? 1 near Flint Hill in St Charles County, Mo

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Coroners Inquest

(Signed) Otto R. Dick coroner M.D

, 19 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cem	Dec 29 1926
20. UNDERTAKER	**ADDRESS**
H H Dallmeyer & Sons Co	St Charles Mo

Made Duplicate Record

...should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CAUSE OF

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; Broncho-pneumonia* ("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 neoplasm); *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.; Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St. Charles Registration District No. 760 File No.
Township Dardenne Primary Registration District No. 6001 Registered No. 41
City (No. St. Ward)

2. FULL NAME Supposed to be Ralph Henry
(a) Residence. No. 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: m
4. COLOR OR RACE: u
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): un

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Feb 7 1927 J. M. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1926

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidentally burned to death in ~~burning~~ building
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M.D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

N. B.—[illegible] DEATH in plain [illegible] may be properly classified. AGE should be stated EXACTLY. PHYSICIAN [illegible] CAUSE OF DEATH [illegible] may be properly classified. Exact statement of OCCUPATION is very imp[illegible]

REGIST[illegible] [illegible]EIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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PLOTTING $9000 INSURANCE FRAUD

Russell Hoffman at Oscar, Ky., Confesses He Is 'Ralph Henry,' Supposedly Burned to Death.

PARTNER IN SCHEME JOINS IN STATEMENT

Found at Modoc, Ill.—Investigators Expose Hoax of St. Charles County (Mo.) Farm Fire of 1926.

STL P.D, 2-10-38

Copyright, 1938, by the Pulitzer Publishing Co. (St. Louis Post-Dispatch).

An ingenious plot to collect $9000 in life insurance (which failed) was exposed today with the confession of two brothers that they set fire to a farmhouse in St. Charles County 11 years ago and made it appear that one of them had been burned to death.

The "victim" of the fire, who had taken out insurance under the assumed name of "Ralph Henry," has been found living in Oscar, Ky., with his wife and 3-year-old daughter, under his real name, Russell Hoffman.

The beneficiary of the insurance policies, strangely declared legally dead by a Missouri Court 20 months ago, has been found going about his chores on his father's farm, near Modoc, Ill., 40 miles south of St. Louis. He is Orville Hoffman. In the policies and in Missouri court records of involved litigation over the insurance he is listed as "Orville Henry."

How Brothers Were Found.

RUSSELL HOFFMAN,
THE "victim" under the name of Ralph Henry.

—By a Post-Disp
ORVILL
BENEFICIA
of Orville

DR. BERT P. BEBEE HELD FOR INQUIRY IN DEATH

Taken in Custody at Coroner's Request—Woman Patient Succumbed in Office.

RUSSIANS SIGH

Radio Messa
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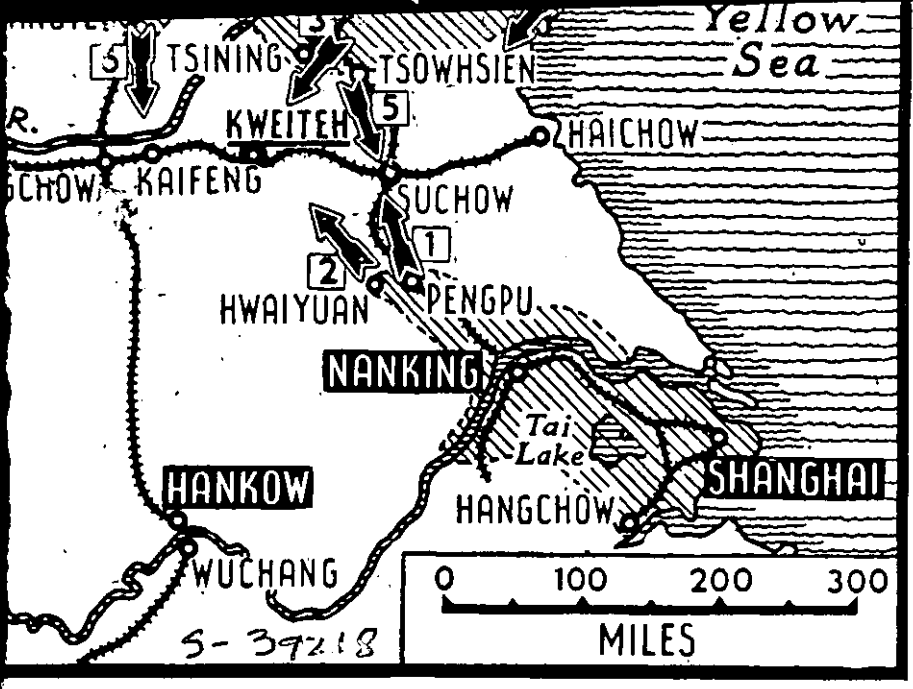
—Stor



—Associated Press Wirephoto.

where six Japanese columns are poised for a big offensive, which Japan hopes he conquest of Eastern China. Shaded territory is help by Japanese forces.

NEWS CIO E WAGES

Indefinitely for Con- hanges.

—The United tion granted ndustrial Or- ion contract rrent agree- About 250,- ed.

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JAPANESE MOVE TO ATTACK AT SIX POINTS

Continued From Page One.

were sending heavy reinforcements from Tientsin to the Changte column. These reinforcements included considerable drafts of troops from Japanese-dominated Manchoukuo.

There was no letup in aerial attacks on South China points. Low flying planes struck again at the Canton-Hankow rail artery which has been China's main supply source.

Chinese Bomb Supply Train.

The growing Chinese air force, Chinese said, raided the Japanese airfield at Wuhu, up the Yangtze River from Nanking, setting fire to gasoline tanks. Chinese airplanes operating over Southern Shantung Province were said to have destroyed 20 Japanese munition trucks and killed 300 Japanese.

Ranging ahead of infantry to cut away Chinese supply sources, Jap-

EDEN HINTS AT ACCORD WITH ITALY ON SPAIN

Indicates His Opinion That Mussolini Will Send No More Men to Franco.

By the Associated Press.

LONDON, Feb. 9.—A statement by Foreign Secretary Anthony Eden in the House of Commons today is interpreted as reflecting British Government hope for an early understanding with Italy on the issues arising from the Spanish civil war.

Eden, replying to a question, indicated his opinion that Premier Mussolini would send no more Fas-

Clarifyi comp tion livere

By the Ass TOKIO and Fore drafting United S France, tion on Ja The Jap be accom fying stat gram, are the Amba ers Frida Tatsuo spokesma ment of pan fails can nava States "la antine or The of ment wa ences t Prince F miral Mit ister. C pected to The U France h that Jap of any exceeding the 1936 three Po Failure ances it treaty it said, wou voke cla compete Kawai, he emph garded a stressed antine." address a a "quar tions.) "Lying Kawai highly fa