

OCT 28 1927

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis.
Township Paradee
City Jefferson Barracks Mo.

Registration District No. 1123
Primary Registration District No. 648B
U.S. Veterans Hospital, Jefferson Brks. Mo.

File No. 28319
Registered No. 356
Ward 436

2. FULL NAME Richard M. Jones.

(a) Residence. No. Springfield, Mo. R.#11. St. _____ Ward. _____

J.R. Wagner, M.D.
Medical Officer in Charge.

Length of residence in city or town where death occurred UN yrs. KN mos. OWN da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

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 Mrs. Elizabeth Jones.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1901.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
	<u>26</u>	<u>2</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

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

PARENTS	10. NAME OF FATHER <u>Unavailable.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unavailable.</u> (STATE OR COUNTRY) <u>Unavailable.</u>
	12. MAIDEN NAME OF MOTHER <u>Unavailable.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unavailable.</u> (STATE OR COUNTRY) <u>Unavailable.</u>

14. INFORMANT H. E. Doyle
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Sept. 30, 1927 J. C. Brooks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1927 to Sept. 29, 1927 that I last saw him im alive on Sept. 29, 1927, and that death occurred, on the date stated above, at 4:25 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis; sub-acute Endocarditis with fibrillation, pulmonary infarcts, pleurisy, rt upper and lower; Acitls.

CONTRIBUTORY (SECONDARY) Recent pulmonary infarct, multiple.

18. WHEN WAS DISEASE CONTRACTED Unknown.
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Physical & Laboratory findings.

(Signed) G.W. Kiehnhoff, Medical Officer, M.D.
19 U.S. Veterans Hospital, Jefferson Brk

*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 Springfield Mo. DATE OF BURIAL Sept 30 1927

20. UNDERTAKER Hoffman 7146 781 So Bldg ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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) *Sales-*

i) *Automobile factory* form part of the "Laborer," "Forec., without more", *Farm laborer*, at home, who are old only (not paid salary), may be or *At home*, and as *At school* or *At* report specifically aged in domestic t., *Housemaid*, etc. ed or given up on DEATH, state occu- retired from busi- hus: *Farmer* (re- ive no occupation

th.—Name, first, primary affection), using always the disease. Examples: finite synonym is itis"); *Diphtheria 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 neoplasma); *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," "Anemia" (merely symptom- atio), "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 child- birth 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 rail- way 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.

NOV 3 1943