

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

3187

**1. PLACE OF DEATH**

County ST. LOUIS Registration District No. 791 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 807  
 City ST. LOUIS (No. 500 S. Kings Highway) St. \_\_\_\_\_ (Word)

**2. FULL NAME** Dwight Erwin Bradford

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Commerce O.H.A.  
 (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 \_\_\_\_\_ 4. COLOR OR RACE Male white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
— 4 24

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) Commerce  
 (STATE OR COUNTRY) O.H.A.

10. NAME OF FATHER Herbert Bradford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall, Mo.  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Helen Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Betsyville  
 (STATE OR COUNTRY) Ark.

14. INFORMANT J. Mc Flynn  
 (Address) 500 S. Kings Highway

15. FILED 21 1928 Max B. Stankoff  
 19\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22-28 19\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from 1-22-28 19\_\_\_\_, to 1-22-28 19\_\_\_\_, that I last saw him alive on 1-22-28 19\_\_\_\_, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Athypsia, Anhydremia  
Rickets  
63  
 (duration) \_\_\_\_\_ yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Prematurity  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 130  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) George S. Pittell, M. D.  
1/22, 1928 (Address) St. Louis Childrens Hosp.

\*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 Joplin, Mo. DATE OF BURIAL Jan. 23, 1928

20. UNDERTAKER Mullen Undert. Co. ADDRESS 5165 Delman

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

MARGIN RESERVED FOR BINDING

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 every important, so that the relative of various pursuits can be known. The for many occupations a single word or st line will be sufficient, e. g., *Farmer or ician, Compositor, Architect, Locomo-Civil Engineer, Stationary Fireman*, etc. cases, especially in industrial employ- necessary to know (a) the kind of work he nature of the business or industry, an additional line is provided for the nt; it should be used only when needed. (a) *Spinner, (b) Cotton mill; (a) Sales-ery; (a) Foreman, (b) Automobile fac-terial worked on may form part of the hent. Never return "Laborer," "Fore-ager," "Dealer,"* etc., without more fication, as *Day laborer, Farm laborer, l mine, etc.* Women at home, who are e duties of the household only (not paid who receive a definite salary), may be *Housewife, Housework or At home*, and gainfully employed, as *At school or At* should be taken to report specifically ions of persons engaged in domestic tages, as *Servant, Cook, Housemaid*, etc. ation has been changed or given up on he DISEASE CAUSING DEATH, state occu- ginning of illness. If retired from busi- et may be indicated thus: *Farmer (re- )* 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 orig- in; "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- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "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 undesir- able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate 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, hemor- rhage, 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.