

JAN 28 1928

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

Do not use this space.

42428

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
Towship CARONDELET Primary Registration District No. 6248 Registered No. 436
City Jefferson Barracks Mo. U.S. Veterans' Hospital, Jefferson Brks, Mo. (Ward)

2. FULL NAME Thomas E. Teel.

(a) Residence. No. Malden, Mo. St. _____ Ward. I. E. Wagner, M.D.
(Usual place of abode) Medical Officer In Charge.

Length of residence in city or town where death occurred un yrs. kn mos. OWN ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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. Roxy Teel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>2</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cotton Picker.
(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) Illinois.

10. NAME OF FATHER Unavailable.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT E. H. Gibbons
(Address) E. H. Gibbons, Medical Officer.
U.S. Veterans' Hospital Jefferson Barracks Mo.

15. FILED 16 REGISTRAR C. Obrock

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 24, 1928.

17. I HEREBY CERTIFY, That I attended deceased from December 18, 1928 to December 24, 1928 that I last saw him alive on December 24, 1928, and that death occurred, on the date stated above, at 11:00 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

CONTRIBUTORY (SECONDARY) Lung abscesses and bronchial pneumonia.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, laboratory, x-ray findings

(Signed) E. H. Gibbons M. D.
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. MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Gideon, Mo.

DATE OF BURIAL

12/28/1928

20. UNDERTAKER

C. Hoffmeister U.S.A.C.

ADDRESS

7814 S. Away
St. Louis, Mo.

K. 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.

WHITE PLAINLY, WITH OMPADING INK WITH THIS IS A REQUIREMENT.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the data is as accurate and reliable as possible.

The third section provides a detailed breakdown of the results. It shows that there is a significant correlation between the variables being studied. This finding is supported by statistical analysis and is consistent with previous research in the field.

Finally, the document concludes with a series of recommendations for future research. It suggests that further studies should be conducted to explore the underlying mechanisms of the observed correlations. This will help to build a more comprehensive understanding of the subject matter.