

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

Do not use this space.

643

1. PLACE OF DEATH

County Christian

Registration District No. 181

Township

Primary Registration District No. 4107

City Billings (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

August Kloss

(a) Residence. No. St. Ward.

(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 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 Anna Kloss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 13

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

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

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Clara Fiede
(Address) Paola, Kansas

15. FILED Jan 9, 1929 F. H. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1929

17. HEREBY CERTIFY, That I attended deceased from Dec 31 1928 to Dec 31 1928 that I last saw him alive on Dec 31 1928 and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cor. Insufficiency

92A
112 (duration) yrs. mos. ds.

CONTRIBUTORY Pulmonary asthma
(SECONDARY) (duration) 3.5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH Germany
DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. H. Brown, M. D.
, 19 (Address) Billings 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cemetery DATE OF BURIAL Jan 10 1929

20. UNDERTAKER A. S. Wallace ADDRESS Billings Mo.

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.

WHILE (PARTY) WITH OR ABSENT FROM THIS IS A PERMANENT RECORD

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

55 CHICAGO HALL

CHICAGO, ILLINOIS 60637

FALL 01

PHYSICS 309

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