

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

Transey
Do not use this space.

1. PLACE OF DEATH

County Macon Registration District No. 533
Township _____ Primary Registration District No. 3027
City Macon (No. _____) St. _____ Ward _____

File No. 21110
Registered No. 71

2. FULL NAME Virginia Dodd

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS —
	DAYS —	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Huntsville</u> (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	13. NAME <u>Henry Dodd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Hannah Green</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs Wm Crout</u> (ADDRESS) <u>Macon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>June 24, 1934</u>		
19. UNDERTAKER <u>Albert Skelton</u> (ADDRESS) <u>Macon Mo</u>		
20. FILED <u>Aug 9, 1934</u> <u>Kare Cross</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 22 1934
22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1934, to 6-22, 1934
I last saw h. W alive on 6-22, 1934 Death is said to have occurred on the date stated above, at 8:05 a.m.
The principal cause of death and related causes of importance were as follows:

Cardio-Vascular
Renal disease
131
Date of onset about 2 yrs

Other contributory causes of importance:
95%
Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) P. J. Transey M. D.
(Address) Macon 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.

AUG 16 1934

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607

Dear Sir:

I have the pleasure to inform you that your application for a position of Assistant Professor of Chemistry at the University of Chicago has been approved by the Department of Chemistry and the Faculty of the University. You are invited to accept this position and to begin your duties on September 1, 1964.

The Department of Chemistry at the University of Chicago is pleased to have you join our faculty. We are particularly interested in your research in the field of organic chemistry, and we believe that your presence will be a valuable addition to our department. We are confident that you will find the University of Chicago an excellent environment in which to carry out your research and to teach.

The position of Assistant Professor is a full-time position with a salary of \$12,000 per year. This salary is in addition to a \$1,000 per year stipend for research expenses. You will also receive a \$1,000 per year allowance for travel and a \$1,000 per year allowance for housing. You will be eligible for a pension plan and a health insurance plan.

You are invited to accept this position and to begin your duties on September 1, 1964. If you have any questions or need further information, please contact me at the University of Chicago, Department of Chemistry, 530 South East Asian Avenue, Chicago, Illinois 60607. I will be glad to discuss the details of the position with you.

Sincerely,
[Signature]