

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.

FEB 9 1935

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

Do not use this space.

5834  
625

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kansas City Primary Registration District No. 1002  
City 3526 Brooklyn (No. 1002) St. Clatskanie Ward

2. FULL NAME

Sarah Martha Cromwell

(a) Residence, No.  St.  Ward Clatskanie  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas Cromwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1857

7. AGE YEARS 77 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired yrs.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 13. NAME Samuel P. Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Wm Templey (ADDRESS) 3526 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Clatskanie DATE Feb 9 1935

19. UNDERTAKER H G Julien (ADDRESS) Clatskanie

20. FILED 219 1935 M M Crave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Feb 8 1935

I last saw him alive on Feb 7 1935 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset Feb 3  
(sup. vena)  
arteriosclerosis 11-31

Other contributory causes of importance: no

Name of operation no Date of

What test confirmed diagnosis?  Was there an autopsy?

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?

If so, specify

(Signed) J G Sheldon M. D.  
(Address) 922 - 4th St. P. O. 110

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5800 S. UNIVERSITY AVENUE  
CHICAGO, ILLINOIS 60637

RECEIVED  
JAN 15 1964

FROM  
DR. J. H. GOLDSTEIN

TO  
DR. R. F. SCHNEIDER

RE  
NMR SPECTRA OF  
POLYMER SOLUTIONS

1. The following information is being furnished to you for your information:

2. The results of the analysis of the above information are as follows:

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4. The results of the analysis of the above information are as follows:

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10. The results of the analysis of the above information are as follows:

11. The results of the analysis of the above information are as follows:

12. The results of the analysis of the above information are as follows:

13. The results of the analysis of the above information are as follows: