

13431

MAY 29 1935

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

1. PLACE OF DEATH

County LawrenceRegistration District No. 474Township FrankPrimary Registration District No. 5638

City

(No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Milaha Texana West 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-2-1885</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>1</u>	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) (STATE OR COUNTRY) <u>Lawrence Co. Mo.</u>				
FATHER	13. NAME <u>James B. Mynatt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>			
MOTHER	15. MAIDEN NAME <u>Emma Eyles</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co. Mo.</u>			
17. INFORMANT <u>Mr. Onnie West</u> (ADDRESS) <u>Springfield Mo.</u>				
18. BURIAL, CREMATION, OR REGIONAL PLACE <u>Johns Chapel</u> DATE <u>4-24-1935</u>				
19. UNDERTAKER <u>Moximo Feiman</u> (ADDRESS) <u>Miller Mo.</u>				
20. FILED <u>4/26/1935</u> <u>P. P. Coarriere</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-193522. I HEREBY CERTIFY, That I attended deceased from past 2 years, 19... to ... 19...
I last saw her alive on 4-17-1935, 1935. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Cirrhosis of Liver
and
chronic myocardial degeneration

Date of onset

Other contributory causes of importance:

probable Suetic

Name of operation

Date of

What test confirmed diagnosis? Clinical. 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

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) Charles H. McHaffie, M. D.(Address) Fish Spring, Mo.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

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JAN 10 1954
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TO THE DIRECTOR
FROM THE DEPARTMENT OF CHEMISTRY
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RE: [Illegible]

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