

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.

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

Do not use this space.

MAY 13 1935

14760

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis* (No. *City Wash #1*)

File No.
Registered No. **3598**
St. Ward)

2. FULL NAME **Alice Brookshire**

(a) Residence, No. *4178* *Galston* St. *18* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *9* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED (or) WIFE OF *Frank Brookshire*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 10 1871*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*

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) *Massachusetts*

13. NAME *Joan Turner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

15. MAIDEN NAME *Mary Lane*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Blount Ala*

17. INFORMANT (ADDRESS) *Hosp by Dr. [unclear]*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rolla, Mo.* DATE *Apr 23* 19*35*

19. UNDERTAKER (ADDRESS) *Philander Gray 4468 Washington*

20. FILED *22* 1935 19 *J. T. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/20* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *4/18* 1935, to *4/20* 1935. I last saw him alive on *4/20* 1935. Death is said to have occurred on the date stated above, at *10:30* p. m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
Other contributory causes of importance:
Congestive Heart Failure

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *N*

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) *W. H. McCain*, M. D.
(Address) *City Wash #1*

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES

REPORT OF THE
COMMISSION ON THE ORGANIZATION OF THE
PHYSICAL SCIENCES
IN THE UNIVERSITY OF CHICAGO

Presented to the Board of Trustees
of the University of Chicago
at its meeting on May 15, 1962

CHICAGO, ILLINOIS
1962