

JUN 18 1935

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

Do not use this space.

15709

1. PLACE OF DEATH

County Buchanan
Township Washington
City Washington (No. 6)

Registration District No. 82
Primary Registration District No. 527
3 Mi. so. of Claire, Mo.

File No. _____
Registered No. 39 Ward _____

2. FULL NAME

Caroline Fankhauser

(a) Residence, No. Washington Twp. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William A. Fankhauser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) Buchanan Co., Mo.

13. NAME Nicholas Ozemberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switz.

15. MAIDEN NAME Magdalena Scheidebeer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switz.

17. INFORMANT William A. Fankhauser (ADDRESS) R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE May 6, 1935

19. UNDERTAKER Walter Meierhoffer (ADDRESS) 1302 Faron St. St. Joseph, Mo.

20. FILED May 6, 1935 J. J. Brubaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1935 '19

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935 to May 2, 1935
I last saw h. ET. alive on May 2, 1935 Death is said to have occurred on the date stated above, at 5.30 m. A.M.

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

Acute myocarditis Date of onset May 2, 1935

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation none 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) W. L. Hartwell, D.O., M. D.

(Address) 8324 Goff Ave. St. Joseph, 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.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 309

LECTURE 10

STATISTICAL MECHANICS

ENTROPY

AND THE SECOND LAW

OF THERMODYNAMICS

REVIEW

OF THE FIRST LAW

AND THE CONCEPT

OF TEMPERATURE

AND THE IDEAL GAS

LAW

OF THERMODYNAMICS

AND THE CONCEPT

OF TEMPERATURE

AND THE IDEAL GAS

LAW

OF THERMODYNAMICS

AND THE CONCEPT

OF TEMPERATURE

AND THE IDEAL GAS

LAW

OF THERMODYNAMICS

AND THE CONCEPT

OF TEMPERATURE

AND THE IDEAL GAS

LAW

OF THERMODYNAMICS

AND THE CONCEPT