

JUL 22 1935

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

Do not use this space.

19740

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Wagon Primary Registration District No. 1003 Registered No. 2330
City W.C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1700 E. 19th 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Mo.

13. NAME Mrs. Linn

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

15. MAIDEN NAME Emily Thompson

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

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kirksville Mo. DATE July 11/35

19. UNDERTAKER West, Appleton & Jones

20. FILED 710 19 35 M. M. Corrigan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1935, to 6-8, 1935

I last saw him alive on 6-8, 1935 Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Suppuration of Scrotum with purulent abscess of the prostate gland (Chlamydia) with Urinary Retention.

Other contributory causes of importance: Sepsis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause (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) S. J. Jones, M. D.

(Address) General Hosp. #2

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 311

PROBLEM SET 1

Due: Monday, September 10, 1990

1. A particle of mass m moves in a circular path of radius r with constant speed v . Find the magnitude of the centripetal acceleration.

2. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

3. A ball is thrown vertically upwards with an initial speed v_0 . Find the maximum height reached.

4. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

5. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

6. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

7. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

8. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

9. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

10. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

11. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

12. A car starts from rest and accelerates uniformly to a speed v in a time t . Find the distance traveled.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1002

City Kansas City, Mo.

File No. _____

Registered No. 2380

St. _____ Ward _____

2. FULL NAME Sirree Linn

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1, day, hrs. or min. 56 6 16 23

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 6/10 1935 Ms. M. Cerovec Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Spasmodic Stricture of anterior lower abdominal wall. Traumatic with urinary retention.

Other contributory causes of importance:

Traumatic injury due to fall about 10 ft. high.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 5-28, 1935

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 fall across a rail

Nature of injury injury to stricture

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) P. C. Turner, M. D.

(Address) Box 2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-19740