

1935 7 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Cuver
City Vandalia (No. St. Ward)

Registration District No. 912
Primary Registration District No. 6232A

File No. 22055
Registered No. 22

2. FULL NAME

Joseph W McKew
(a) Residence, No. St. Ward. (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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aloda McKew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-22-1859</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>8</u>
		DAYS
		<u>19</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1932/14 June, 1932, July 11, 1935

I last saw him alive on June 15, 1935 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Endocarditis Date of onset 1/10/1935

Other contributory causes of importance:
Atherosclerosis
Apoplexy producing hemiplegia of left side June, 1932

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>
	13. NAME <u>Geo J McKew</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>
	15. MAIDEN NAME <u>Frances Bridgman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>
	17. INFORMANT <u>Aloda McKew</u> (ADDRESS) <u>Vandalia Mo</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	DATE
<u>Vandalia</u>	<u>7-13-35</u>
19. UNDERTAKER (ADDRESS) <u>W. B. Clark</u> <u>Vandalia Mo</u>	
20. FILED <u>7/13</u> 19 <u>35</u> <u>W. Nellie Fugua</u> Registrar.	

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. K. McCall, M. D.
(Address) Ladonia, Missouri

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 first part of the paper discusses the general theory of the firm, focusing on the role of the entrepreneur and the importance of capital structure. It examines how the entrepreneur's personal characteristics and the firm's financial structure influence its performance and growth. The second part of the paper presents empirical evidence on the relationship between capital structure and firm performance, using data from a large sample of firms. The results show that firms with higher debt ratios tend to have lower performance, but this relationship is moderated by the firm's size and industry. The paper concludes by discussing the implications of these findings for policy and practice.

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