

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.

DEC 16 1935

35318

1. PLACE OF DEATH

County Butler Registration District No. 90 File No. _____
Township Ark Hill Primary Registration District No. 5734A Registered No. 13
City Quilin - Hen. Del. (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Thomas
(a) Residence, No. Quilin - Hen. Del. St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred : 0 yrs. 0 mos. 1 da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

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) Quilin, Mo. Hen. Del. (STATE OR COUNTRY)

13. NAME Bob Thomas

14. BIRTHPLACE (CITY OR TOWN) Searey, Ark. (STATE OR COUNTRY)

15. MAIDEN NAME Hattie Farris

16. BIRTHPLACE (CITY OR TOWN) Shannon County, Mo. (STATE OR COUNTRY)

17. INFORMANT Bob Thomas (ADDRESS) Quilin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quilin DATE 11-7-1935

19. UNDERTAKER none (ADDRESS) _____

20. FILED 11.10 19 Nov 10 1935 Nov 10 1935 Registrar Nov 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 19 35

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1935, to Nov. 6 1935.

I last saw him alive on Nov. 6 1935. Death is said to have occurred on the date stated above, at 10 P.M.

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

Pneumonia Date of onset Nov 5

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Cerebral 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 _____, 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) J. Lester Maxwell, M. D.

(Address) Poplar Bluff, Mo.

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THE UNIVERSITY OF CHICAGO

1950

Department of Chemistry

Chicago, Illinois

Dear Sir:

I have your letter of the 10th of this month regarding the matter of the purchase of the equipment for the laboratory.

The equipment is being purchased from the University of Chicago and will be delivered to you in the near future.

I am sure that you will find the equipment to be of the highest quality and most useful for your research.

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