

**AUG 18 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26016

1. PLACE OF DEATH

County Bole Registration District No. 213
 Township J Primary Registration District No. 3014
 City Jefferson City No. St. Marys Hosp. St. _____ Ward _____
 Registered No. 224

2. FULL NAME

(a) Residence, No. Linn Mo 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 36 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1936 to 7-26 1936

I last saw her alive on 7-26 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1854

to have occurred on the date stated above, at 10: A m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 8 16

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

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

Date of onset

Apoplexy
1936

Other contributory causes of importance:

Astero-Sclegosis
fractured hip.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME Hy Wingrath

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7-11-1936
 Where did injury occur? Home, Boonville, Mo
 (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, at home, or in public place. Home

15. MAIDEN NAME Catherine Puetz

Manner of injury Fell in home
 Nature of injury Fract. hip

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

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

17. INFORMANT (ADDRESS) Mrs Mary Massey
Linn - Mo.

(Signed) W. Massey M. D.
 (Address) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Linn Mo DATE July 28 1936

19. UNDERTAKER Mostow Funeral Home
Linn, Mo.

20. FILED 7-27- 1936 W Massey Registrar

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

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE PROGRESS OF CHEMISTRY
IN THE DIVISION OF THE PHYSICAL SCIENCES
FOR THE YEAR 1963

CHICAGO, ILLINOIS
1964

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE PROGRESS OF CHEMISTRY
IN THE DIVISION OF THE PHYSICAL SCIENCES
FOR THE YEAR 1963

CHICAGO, ILLINOIS
1964

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE PROGRESS OF CHEMISTRY
IN THE DIVISION OF THE PHYSICAL SCIENCES
FOR THE YEAR 1963

CHICAGO, ILLINOIS
1964

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE COMMITTEE ON THE PROGRESS OF CHEMISTRY
IN THE DIVISION OF THE PHYSICAL SCIENCES
FOR THE YEAR 1963