

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

Do not use this space.

33660

OCT 20 1936

1. PLACE OF DEATH

County Boone
Township Missouri
City Midway (No. _____) St. _____ Ward _____

Registration District No. 78
Primary Registration District No. 51573

File No. _____
Registered No. 5

2. FULL NAME

(a) Residence, No. Midway, Mo. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

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>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-21-1852</u>					
7. AGE					
YEARS <u>84</u>	MONTHS <u>0</u>	DAYS <u>25</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>Retired</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					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Missouri</u>					
FATHER	13. NAME <u>John Barkwell</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
MOTHER	15. MAIDEN NAME <u>Celia Pegg</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
17. INFORMANT (ADDRESS) <u>Mrs. L. O. Hendesson Midway, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Burial</u> DATE <u>9-17</u> , 19 <u>36</u>					
19. UNDERTAKER (ADDRESS) <u>Harper Furniture Co. Columbia, Mo.</u>					
20. FILED <u>9-31-36</u> <u>W. M. [Signature]</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936 to Sep 16, 1936

I last saw her alive on Sep 15, 1936 Death is said to have occurred on the date stated above, at 7 A. m.

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

Carcinoma (Cancer of Throat)
Senility

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Lloyd Simpson, M. D.
(Address) Columbia, 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
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

RECEIVED
JAN 10 1950

PROFESSOR ROBERT M. HARRIS
DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO
57 SOUTH EAST ASH AVENUE
CHICAGO, ILLINOIS

Dear Professor Harris:

I have the pleasure to acknowledge the receipt of your letter of January 5, 1950, regarding the matter mentioned therein.

I am sorry that I cannot give you a more definite answer at this time, but I am sure that you will understand the reasons therefor.

I am sure that you will find the information I have given you to be of interest and value.

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