

DEC 4 1936

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

Do not use this space.

38783

## 1. PLACE OF DEATH

County Ray Co Registration District No. 743  
Township Orick Primary Registration District No. 4445  
City Orick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 762. FULL NAME Parlee Buist

(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 <u>Female</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>David Buist</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/3/1873</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
		DAYS <u>13</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>Housewife</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>Clay Co Mo</u>		
FATHER	13. NAME <u>George Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Electa Broadhurst</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>	
17. INFORMANT (ADDRESS) <u>David Buist Orick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Court Ray Co</u> DATE <u>10/18</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>C. W. Gibson Orick Mo</u>		
20. FILED <u>11/10</u> 19 <u>36</u> <u>C. W. Gibson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 193622. I HEREBY CERTIFY, That I attended deceased from July 19 1934, to Oct 16 1936I last saw h. er alive on Oct 16 1936 Death is said to have occurred on the date stated above, at 10:05 a. m.

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

Organic Heart Disease  
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Robt Sheets, M. D.(Address) Orick 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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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BY  
R. M. MAYER

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