

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

Do not use this space.

MAR 25 1937

1. PLACE OF DEATH

County Knox Registration District No. 441 File No. 6922
 Township Center Primary Registration District No. 4259 Registered No. 7
 City Edina (No. 5018) St. _____ Ward _____

2. FULL NAME David Moore Parish

(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. 4 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Mary Parrish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-5-1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
	DAYS <u>12</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>Farmer</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>Knox City Mo.</u>		
FATHER	13. NAME <u>Wm T. Parrish</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox City Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Imms</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox City Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Mary Parrish Edina Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Ridge</u> DATE <u>2-19-37</u>		
19. UNDERTAKER (ADDRESS) <u>Keith Hudson Edina Mo.</u>		
20. FILED <u>Feb 19 1937 Mrs. C. M. Smith Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 15 1937 to Feb 17 1937
 I last saw him alive on Feb 15 1937 Death is said to have occurred on the date stated above, at 1 p. m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs Date of onset _____

Other contributory causes of importance:
2/3

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? _____
 If so, specify _____
 (Signed) Dr. G. L. Lucas M. D.
 (Address) Edina 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 first part of the paper discusses the general theory of the firm, focusing on the relationship between the firm's size and its performance. It is argued that larger firms have a greater ability to diversify and to exploit economies of scale, which leads to higher performance. This is supported by empirical evidence from a large sample of firms.

The second part of the paper examines the role of the firm's internal structure in determining its performance. It is shown that firms with a more centralized structure tend to perform better than those with a more decentralized structure. This is because a centralized structure allows for more efficient coordination and decision-making.

Finally, the paper discusses the implications of these findings for policy. It is argued that government should encourage firms to grow and to diversify, as this will lead to higher economic growth and employment.

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