

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

Do not use this space.

B-16504

JUN 12 1937

**791
1008**

18229

1. PLACE OF DEATH
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis, Mo. (No. City Hospital #1) St. Ward).....

2. FULL NAME May Newton
 (a) Residence, No. 2654 Geyer Ave St. 23 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 Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24th, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
28 9 9

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

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.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/37, 19.....

22. I HEREBY CERTIFY, That I attended deceased from 2/16/37, 19....., to 4/3/37, 19.....

I last saw her alive on 4/3/37, 19..... Death is said to have occurred on the date stated above, at 4:00 MA

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

Generallyly peritonitis following an operation for chr. suppuration, probably gonococic

Other contributory causes of importance.....

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

13. NAME Ely Thompson

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

15. MAIDEN NAME Minnie Knight

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

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

17. INFORMANT M. Williams
 (ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paducah Ky DATE 4/7/37

19. UNDERTAKER A. W. McLaughlin
 (ADDRESS) 2301 Lafayette

20. FILED MAY 11 1937
 Registrar.

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) A. W. McLaughlin, M. D.
 (Address) City Hospital #1

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.

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THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

RECEIVED
MAY 15 1964
CHEMISTRY DEPARTMENT
UNIVERSITY OF CHICAGO

TO: DR. R. M. WAYmouth
FROM: DR. J. H. GOLDSTEIN
SUBJECT: [Illegible]

RE: [Illegible]
DATE: [Illegible]

RE: [Illegible]
DATE: [Illegible]

RE: [Illegible]
DATE: [Illegible]

RE: [Illegible]
DATE: [Illegible]