

SEP 21 1937

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

Do not use this space.

PLACE OF DEATH

County Warren  
Township Liberty  
City (No. ....) St. .... Ward .....

Registration District No. 548.  
Primary Registration District No. 5740.

File No. 31216  
Registered No. 35.  
St. .... Ward .....

FULL NAME Samuel Jamison  
(a) Residence, No. .... St. .... Ward ..  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1876

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>61</u>				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 1937  
22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1937 to Aug 18 1937  
I last saw him alive on Aug 18 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jamison  
Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

Cerebral meningitis Date of onset Aug 17 37  
Other contributory causes of importance: 8201  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

PLACE (CITY OR TOWN) Rolla Co. (STATE OR COUNTRY) Missouri  
NAME Wm Jamison  
BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) .....

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. ....

MAIDEN NAME Unknown  
BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

DECEASED'S NAME Wm Jamison  
RESIDENCE Rolla Mo.  
DATE OF DEATH Aug 18 1937  
CERTIFIER (NAME AND ADDRESS) Dr. O'Donnell  
Aug 20 1937 Verdunde Lee Registrar.

Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) Dr. Rolla M. D.  
(Address) Rolla Mo.

MISSOURI STATE BOARD OF HEALTH

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 309

LECTURE 10

STATISTICAL MECHANICS

PROBABILITY

ENTROPY

TEMPERATURE

HEAT

WORK