

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.

OCT 19 1937

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

Do not use this space.

33980

1. PLACE OF DEATH

County Clay

Registration District No. 198

Township Fishing River

Primary Registration District No. 5011

City Excelsior Springs, Mo. (No. Vet. Adm. Facility)

File No. 127

Registered No. _____

St. _____

Ward _____

2. FULL NAME SPENCER, Rufus A.

(a) Residence, No. Vet. Adm. Fac., Excelsior Springs, Mo. Ward Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. / mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Etta Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

46

10

25

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

Mechanic

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Unknown

10. Date deceased last worked at
this occupation (month and
year) Unknown

11. Total time (years)
spent in this
occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Taylor, Texas
(STATE OR COUNTRY)

13. NAME John Spencer

14. BIRTHPLACE (CITY OR TOWN) Louisville, Ky.
(STATE OR COUNTRY)

15. MAIDEN NAME Sally Conley

16. BIRTHPLACE (CITY OR TOWN) Taylor, Texas
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City, Mo. DATE 9-21-37

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.

20. FILED Sept. 22, 1937 Home M. Crank
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
1-21-34, 19, to 9-21-37, 19

I last saw him alive on September 21, 19 37 Death is said
to have occurred on the date stated above, at 7:50 am.

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

Cirrhosis of the liver
(atrophic type)

Date of onset

Other contributory causes of importance:

Syphilis tertiary

Name of operation None Date of _____

What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) H. C. HARDEGREG, M. D., CLIN. Dir. M. D.

(Address) Vet. Adm. Facility
Excelsior Springs, Missouri

For the purpose of this study, the following hypotheses were formulated:

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1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1601 spectrophotometer.

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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