

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

Do not use this space.

NOV 24 1937

38887

File No. _____
Registered No. 164 St. _____ Ward _____

1. PLACE OF DEATH

County Saline
Township _____
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3038

2. FULL NAME

(a) Residence, No. Marshall Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1937.

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1937, to Oct 3, 1937.

I last saw her alive on Oct 3, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1903

7. AGE YEARS 34 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

Pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

Other contributory causes of importance: 10/10

12. BIRTHPLACE (CITY OR TOWN) St. Clair Mo (STATE OR COUNTRY) Mo

13. NAME Isaac Burnett

14. BIRTHPLACE (CITY OR TOWN) Linton (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Alice G. Taylor

16. BIRTHPLACE (CITY OR TOWN) Jordan (STATE OR COUNTRY) _____

17. INFORMANT School Record (ADDRESS) Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Springs, Mo DATE Oct 6, 1937

19. UNDERTAKER Short & M. Cary (ADDRESS) Marshall, Mo

20. FILED D-5- 19 37 Mary Kent Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Micro (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) J. H. Maxwell, M. D.

(Address) Marshall

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

1970

1970-1971

Department of Physics
Chicago, Illinois

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