

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

Do not use this space.

DEC 29 1937
PLACE OF DEATH

4

42713

County Vernon
Township Washington
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 300 St. Ward)

2. FULL NAME Lunice Edna Smith State Hosp # 3 Nevada
(a) Residence, No. Lanwood, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865
7. AGE YEARS 72 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Nov. 15, 1937
I last saw her alive on Nov. 15, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows

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

Pulmonary tuberculosis 1934
Broncho-pneumonia 1937
Other contributory causes of importance: 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
13. NAME William Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Louise Spratt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

17. INFORMANT Records of Hosp #3 (ADDRESS) Indianapolis
18. BURIAL, CREMATION, OR REMOVAL Prof. J. C. Conner DATE Nov 19, 1937

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 none
Nature of injury

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Indianapolis
20. FILED Nov. 19, 1937 Allen U. Gray Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify as Miller (Signed) State Hosp. #3 M. D.
(Address) Nevada, 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.

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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

1954

REPORT OF THE RESEARCH GROUP ON
THE CHEMISTRY OF THE
ATMOSPHERE

EDITED BY
R. M. MCELROY

CHICAGO, ILLINOIS

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