

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.

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
12. County Butler Registration District No. 89
Township _____ Primary Registration District No. 3007
2. City Poplar Bluff (No. Lucy Lee Hospital) St. _____ Ward _____
22. FULL NAME Baby James Leutert 363
(a) Residence, No. Qulin, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 6210
Registered No. 37

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1937
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 6 13

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

12. BIRTHPLACE (CITY OR TOWN) Qulin, Missouri (STATE OR COUNTRY) 6

FATHER
13. NAME Alva Leutert 0

14. BIRTHPLACE (CITY OR TOWN) Qulin, Missouri (STATE OR COUNTRY) 0

MOTHER
15. MAIDEN NAME Vernie Palmer

16. BIRTHPLACE (CITY OR TOWN) Brosley, Missouri (STATE OR COUNTRY)

17. INFORMANT Alva Leutert (ADDRESS) Qulin, Missouri

18. BURIAL, CREMATION, OR REMOVAL Qulin Cemetery
PLACE Qulin, Mo. DATE 2/7 1938

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 2/7 38 Blutinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on 2-7-38, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Diphtheria. 1-18-38

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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. W. Whitman, M. D.
(Address) Poplar Bluff, Missouri.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT

Submitted by: [Name]
Date: [Date]

Abstract: [Abstract text]

Introduction: [Introduction text]

Experimental: [Experimental text]

Results: [Results text]

Discussion: [Discussion text]

Conclusions: [Conclusions text]

References: [References text]

Appendix: [Appendix text]