

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 MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St Joseph(No. State Hosp. # 2)File No. 14058Registered No. 419

St.

Ward

2. FULL NAME Ann Davis Green(a) Residence, No. State Hosp #2

St.

Ward. Lafayette 6 mo.Length of residence in city or town where death occurred 8 yrs. 6 mos. 9 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Davis6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day,hrs. ormin.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springton, Mo

MOTHER FATHER

13. NAME as Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT 2 Dr Davis Son - from history received by [unclear]

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springton MoDATE April 12 193819. UNDERTAKER (ADDRESS) Winkler Funeral Home20. FILED April 11 1938

1938

APR 11

1938

A. J. Nestle

By

J. C.

Registrar.

85 (Address) State Hosp #2, St Joseph Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 193822. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937 to April 11 1938I last saw her alive on April 11 1938. Death is asto have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follow

Arterio-Sclerotic Heart Disease Date of onset ?First Degree Heart Block95123 -

Other contributory causes of importance:

Generalized Arterio Sclerosis ?Senility ?Name of operation clinical Date ofWhat test confirmed diagnosis? EKG 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? No.

If so, specify

(Signed) Charles A. Brasher, M. D.(Address) State Hosp #2, St Joseph Mo.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT

NO. 1000

BY
J. H. GOLDSTEIN AND
M. L. HUGGINS

RECEIVED
MAY 15 1954

1. Introduction
2. Experimental
3. Results
4. Discussion
5. Conclusions
6. References
7. Appendix
8. Tables
9. Figures
10. Acknowledgments
11. Summary
12. Abstract

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