

REC'D MAY 18 1938

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

Do not use this space.

14584

1. PLACE OF DEATH

County Franklin
 Township Prarie
 City Lonedell (No.)

Registration District No. 294
 Primary Registration District No. 5418

File No.
 Registered No.
 St. Ward)

2. FULL NAME Sarah Evelyn Lefler

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

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. (If nonresident, give city or town and State)

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1938, to 4-15-19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1855I last saw her alive on April 14-1938 Death is said to have occurred on the date stated above at 2:30 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 17

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. Housewife
 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

Cerebral Apoplexy
 Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Franklin County,
(STATE OR COUNTRY) MO13. NAME Washington Boyd

Name of operation none Date of
 What test confirmed diagnosis? clinical Where an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)15. MAIDEN NAME Mahilla Thornhill23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Mrs Elmer Lewis
(ADDRESS) St. Clair, Mo.Manner of injury
 Nature of injury18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE April 18, 193824. Was disease or injury in any way related to occupation of deceased? no19. UNDERTAKER Wm. Casey & Co.
(ADDRESS) St. Clair, Mo.If so, specify
 (Signed) W. E. Ketchum, M. D.20. FILED Apr 23, 1938 W. E. Ketchum Registrar. St. Clair

CRUDE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

1. Introduction
2. Experimental
3. Results
4. Discussion
5. Conclusions
6. References
7. Appendix

The following text is a detailed description of the experimental procedure and results. It covers the synthesis of the compound, the purification process, and the characterization techniques used. The results show that the compound is a pure substance with a melting point of 120°C and a molecular weight of 150. The discussion focuses on the structural features of the compound and its relationship to other known compounds. The conclusions summarize the findings of the study and suggest further research. The appendix contains the raw data and additional calculations.