

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

Do not use this space.

REC'D JUN 17 1938

19163

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 2832
 City Sedalia (No. 403 Dal' Whi Mo) St. _____ Registered No. 668 Ward _____

2. FULL NAME Dora B. Wisdom

(a) Residence, No. 403 Dal' Whi Mo Ct. 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.

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) May 2, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1938, to May 2, 1938

I last saw her alive on May 2, 1938 Death is said to have occurred on the date stated above, at 6:12 m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 0 20

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. At home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Date of onset

Cardis Nephritis

Other contributory causes of importance:
Fracture Left Femur 2-4-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER | FATHER | 13. NAME Nimrod Ersy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation None Date of _____

What test confirmed diagnosis? Finding Where 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

17. INFORMANT (ADDRESS) Mrs. Robert Mullins
Sedalia, Mo.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. B. Carlisle M.D., M. D.

(Address) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Juanta, Colo. DATE May 5, 1938

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Missouri.

20. FILED 5-3- 1938 Jean Black Registrar

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Sehalem
City Sehalem (No.)

Registration District No. 265
Primary Registration District No. 3032

File No. 19162-
Registered No.
St. Ward)

2. FULL NAME

Dora B. Wisdom
(a) Residence, No. 403 W. Elwha St., Mo. Wash.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W. (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from, to, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on, 19, Death is said to have occurred on the, at, m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,, hrs. or, min. 81 - 20

The principal cause of death and related causes of importance were as follows:
Cardiac Nephritis (Date of onset 1960)

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

Other contributory causes of importance:
fracture of femur

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED, 19

Name of operation, Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 2-4, 1938

Where did injury occur? Her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Fell at her home

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. B. Carlisle, M. D. (Address) Sehalem Mo.

SUPPLEMENTARY

Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

OF DEATH IN plain terms, so that it may be properly classified.) fact. dated

OF C. COPIATION IS VERY IMPORTANT.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

NO. 1000

THE CHEMISTRY OF THE HYDROLYSIS OF
POLYMERIZATION PRODUCTS

BY
J. H. GOLDSTEIN AND
R. H. WILSON

DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

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