

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 23 1938

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

**19201**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Phelps Registration District No. 677  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4403 Registered No. 74  
 (c) City Rolla, Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mrs. Emily A. Ferrell 6117

(a) Residence, No. Rolla, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** widowed  
**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Loopy E. Ferrell  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** August 24, 1850  
**7. AGE** YEARS 87 MONTHS 8 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Retired  
**9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)** Rolla, Mo.

**FATHER**  
**13. NAME** John C. Miller

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

**MOTHER**  
**15. MAIDEN NAME** Nancy Dudley

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** North Carolina

**17. INFORMANT (ADDRESS)** Mrs. Eadie Walker Rolla, Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Rolla Cemetery DATE May 18, 1938

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Natl. & Son Rolla, Mo.

**20. FILED** May 18, 1938 Jos. F. Owen Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 16, 1938

**22. I HEREBY CERTIFY, That I attended deceased from** 5-14, 1938, to 5-16, 1938  
 I last saw her alive on 5-16, 1938. Death is said to have occurred on the date stated above, at 9 P.M.  
 The principal cause of death and related causes of importance were as follows:

Fracture of the neck of femur

Date of onset

Other contributory causes of importance: NO

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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) A. L. Mitchell, M. D.  
 (Address) Rolla, Mo.

1500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

**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 Phelps

Registration District No. 677

File No. 19201-

Township Rolla

Primary Registration District No. 4403-

Registered No. \_\_\_\_\_

City Rolla (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emily A. Ferrell

(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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 \_\_\_\_\_ stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.

Fracture of neck of femur

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

Date of onset \_\_\_\_\_

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

11. Total time (years) spent in this occupation

Other contributory causes of importance: \_\_\_\_\_

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\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_\_\_

Registrar.

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? Accident Date of injury May 14, 1938

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

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

Manner of injury Fall out of chair

Nature of injury Fracture neck femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) S. D. Mitchell, M. D.

(Address) Rolla Mo

SUPPLEMENTARY

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

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

1950

1951

1. The first part of the report deals with the study of the reaction of the organotin compound with the organotin compound. The reaction was studied in the presence of various ligands and the effect of the ligand on the reaction rate was investigated. The results show that the reaction rate is increased by the presence of the ligand and that the order of the reaction is first order with respect to the organotin compound and first order with respect to the organotin compound.

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