

REC'D JUN 14 1938

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

19841

Do not use this space.

## 1. PLACE OF DEATH

(a) County Webster Registration District No. 896  
 (b) Township Grant Primary Registration District No. 6199 Registered No. 17  
 (c) City Marshfield (d) Street No. \_\_\_\_\_  
 (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 7 yrs. x mos. x ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. PRINT FULL NAME

Wula Maude Buttram  
 (a) Residence, No. \_\_\_\_\_ 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Abe Buttram  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1880  
 7. AGE YEARS 57 MONTHS 9 DAYS 17 If LESS than 1 day, ... hrs. or ... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) January 1938 11. Total time (years) spent in this occupation life

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

FATHER 13. NAME John R. Earnest  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary E. Derry  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

17. INFORMANT Abe Buttram (ADDRESS) Marshfield, M18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony DATE May 27, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey Marshfield, Missouri20. FILED May 31, 1938 Elizabeth Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 24, 1938  
 I last saw her alive on May 24, 1938 Death is said to have occurred on the date stated above, at 12:45 m.  
 The principal cause of death and related causes of importance were as follows:

Curcuma  
Tris and Pyraline  
and of Stomach

Date of onset

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) W. F. Dehert, M. D.

(Address) Harmony Mo

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MINISTRE DU DEVELOPPEMENT DES RESSOURCES HUMAINES  
DEPARTMENT OF MANPOWER  
BUREAU DE MONTRÉAL

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, X

*Per Rainey*

or by X

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

Signed *Per Rainey*

Licensed Embalmer No. 8312

P. O. Address Marshfield, Mich

**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 Webster

Registration District No. 896

File No. 19841-

Township .....

Primary Registration District No. 6199-

Registered No. 17-

City .....

(No. ....)

St. .... Ward)

**2. FULL NAME** Lula M. Buttram

(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)

M.

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

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

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, .... hrs. or .... min.

57

9

17-

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.

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)

FATHER 13. NAME

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

MOTHER 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.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 19 38

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

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the ....., at.....m.

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

Carcinoma liver + Date of onset

ptotic end of stomach

Other contributory causes of importance:

Primary Sept area -  
pyloric end of stomach  
of 46

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) M. F. Schlicht M. D.

(Address) Wingona Mo.

SUPPLEMENTARY

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

CAUTION - DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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

RESEARCH REPORT

NO. 100

THE CHEMISTRY OF THE HYDROLYSIS OF  
POLYESTERS AND POLYAMIDES

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

DEPARTMENT OF CHEMISTRY, UNIVERSITY OF CHICAGO  
CHICAGO, ILLINOIS

RECEIVED JANUARY 15, 1954

REPRINTED FROM JOURNAL OF POLYMER SCIENCE  
VOL. 10, P. 1-10 (1954)

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PHYSICS DEPARTMENT

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