

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21722  
Do not use this space.

REC'D JUL 19 1938

1. PLACE OF DEATH

(a) County Dallas Registration District No. 241  
 (b) Township S Benton Primary Registration District No. 5354  
 (c) City Buffalo (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1188

2. PRINT FULL NAME Reuben Deen

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Deen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 1 27

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1931 to 6-2, 1938

I last saw him alive on 6-2, 1938 Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:

General anaemia - following a dilated heart  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 95 B.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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 1

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

FATHER 13. NAME Felix Deen

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

MOTHER 15. MAIDEN NAME Jane Davis

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

17. INFORMANT (ADDRESS) Reuben Deen Buffalo, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reynolds Chapel DATE June 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. B. Jones Buffalo, Mo

20. FILED 7/10 1938 Harvey Moran Local 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? \_\_\_\_\_ 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) V. H. Greenwood, S. M. D.  
 (Address) Buffalo, Mo.

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

~~98103~~

N.M.O - 12-13-35

M.S -

**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 sign with the above constitutes grounds for revocation of license.)**

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

TOM  
11/1/35

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

21922

Do not use this space.

1. PLACE OF DEATH  
 (a) County Ballgs Registration District No. 241  
 (b) Township Benton Primary Registration District No. 5384  
 (c) City ..... (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 Reuben Beer  
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DW

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>65</u>	<u>1</u>	<u>27</u>	

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

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. FUNERAL DIRECTOR (ADDRESS)  
 20. FILED 19  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.  
 The principal cause of death and related causes of importance were as follows:  
General anasarca following a dilated heart. I do not know the original cause.  
 Other contributory causes of importance:  
None. as I only saw him during the terminal stage.

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. H. Greenwood, M. D.  
 (Address) Buffalo

SUPPLEMENTARY

CAUSE OF DEATH  
 REASONS SHALL BE RECEIVED A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 in 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

1954

RESEARCH REPORT

NO. 10

The following is a list of the research reports published by the Division of the Physical Sciences, Department of Chemistry, University of Chicago, during the year 1954. The reports are arranged in alphabetical order of the author's name. The number of the report is given in parentheses after the author's name. The title of the report is given in italics. The names of the authors are given in full. The names of the co-authors are given in parentheses after the author's name. The names of the institutions where the authors were working at the time of the publication are given in parentheses after the author's name. The names of the institutions where the authors are currently working are given in parentheses after the author's name. The names of the institutions where the authors were working at the time of the publication are given in parentheses after the author's name. The names of the institutions where the authors are currently working are given in parentheses after the author's name.