

1938 AUG 23

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

Do not use this space.

1. PLACE OF DEATH

County Mox  
Township Liberty  
City Edina Mo. (No. 1)

Registration District No. 441  
Primary Registration District No. 6243

File No. 25722  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

Length of residence in city or town where death occurred 27 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

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-78  
7. AGE YEARS 68 MONTHS 4 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer  
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) Broadwell (STATE OR COUNTRY) Ill.

13. NAME George Smith

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

15. MAIDEN NAME Amelia Luckhart

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

17. INFORMANT Mrs Geo. Smith (ADDRESS) Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mox City Cemetery 7-31-38

19. UNDERTAKER Keith Hudson (ADDRESS) Edina Mo.

20. FILED July 29, 1938 Mrs C.M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 1937, 1937 to July, 1938  
I last saw him alive on July 28, 1938 Death is said to have occurred on the date stated above, at 10a.m.

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

Carcinoma of the Stomach Date of onset \_\_\_\_\_

Other contributory causes of importance: H.B.

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 \_\_\_\_\_, 1938

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) J. R. Phosphate, M. D.

(Address) Mox City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF 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. 1000  
BY  
J. H. GOLDSTEIN  
AND  
R. F. W. WILSON

DEPARTMENT OF CHEMISTRY  
5708 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637

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