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PL 100-1  
EXACTLY SENT TO OCCASION OF CIVIL RIGHTS  
GENERALIZATION OF EXACTLY CIVIL RIGHTS

**Do not use this space.**

Registered No. 540

(a) Residence, No. 1249 West 12th St. St. Alaska  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1988



22. I HEREBY CERTIFY, That I attended deceased from

Apr 4 1938 to July 8 1938

10 34 Death is said

1. The above information is being furnished to you for your information only. It is not to be used for any other purpose. The information is being furnished to you for your information only. It is not to be used for any other purpose. The information is being furnished to you for your information only. It is not to be used for any other purpose.

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

*Provenance:* \_\_\_\_\_ Date of issue: \_\_\_\_\_

1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900 3000 3100 3200 3300 3400 3500 3600 3700 3800 3900 4000 4100 4200 4300 4400 4500 4600 4700 4800 4900 5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6100 6200 6300 6400 6500 6600 6700 6800 6900 7000 7100 7200 7300 7400 7500 7600 7700 7800 7900 8000 8100 8200 8300 8400 8500 8600 8700 8800 8900 9000 9100 9200 9300 9400 9500 9600 9700 9800 9900 10000

*[Handwritten signature]*

*[Handwritten signature]*

[illegible][illegible]

Other contributory causes of importance:

Head injury & neck injury

from being stuck to them

\_\_\_\_\_

.....

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 *Aug 4*, 19*38*.

Where did injury occur? Near Pasadena MO  
(Specify city or town, county, and State)

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

Public Place R.R. Crossing

Manner of injury struck by train

Nature of injury Broken neck / Head

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

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

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

Frank R. Miller M.D.

(Signed) James H. Haggerty, M. D.

(Address) 1501

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was subjected to a control condition (CC) and the EG was subjected to an experimental condition (EC). The CG was subjected to a control condition (CC) and the EG was subjected to an experimental condition (EC). The CG was subjected to a control condition (CC) and the EG was subjected to an experimental condition (EC).

should be carefully reviewed. AGE should be stated EXACTLY. PHYSICIANS should state the patient's age in years, so that it may be properly classified. Exact statement of OCCUPATION is very important.

