

REC'D SEP 13 1938

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

Do not use this space.

28081

1. PLACE OF DEATH

County *Jackson*

Registration District No. *399*

Township *Franklin*

Primary Registration District No. *1992*

City *St. Louis*

(No. *St. Louis Hospital*)

File No. \_\_\_\_\_

Registered No. *3392*

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

Ward \_\_\_\_\_

2. FULL NAME *Mary Kilborn*

(a) Residence, No. *1749 N. 49*

(Usual place of abode)

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

Ward *425*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *Negro*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unk-Kidow*

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

7. AGE

*about 43* YEARS

MONTHS \_\_\_\_\_

DAYS \_\_\_\_\_

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*

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) *Franklin City Mo*

MOTHER FATHER

13. NAME *Daniel Goodwin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Franklin Ky*

15. MAIDEN NAME *Amanda Smith*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Franklin Mo*

17. INFORMANT (ADDRESS) *Tom Goodwin*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Forest City Mo*

DATE *Aug 27*

19. UNDERTAKER (ADDRESS) *Julius W. S. Feckler*

20. FILED *Aug 27, 1938*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-21-38*, 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_.

I last saw \_\_\_\_\_ 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:

*Trachea & L. Lung* Date of onset \_\_\_\_\_

*Bronchopneumonia*

Other contributory causes of importance: *1860*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Culture* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in all the following: Accident, suicide, or homicide. Date of injury *8-21-38*

Where did injury occur? *1901 E. 10th St. Ken* (Specify city or town, county, and State)

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

Manner of injury *Fall down steps*

Nature of injury *Trach & Lung*

24. Was disease or injury in any way related to occupation of deceased? *4*

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

(Signed) *Russell W. Bess*, M. D.

(Address) *St. Louis*

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

CHICAGO, ILLINOIS

TO THE EDITOR OF THE JOURNAL OF POLYMER SCIENCE

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 10th of June, 1954, in which you request that I should consider the possibility of publishing your paper in the Journal of Polymer Science. I am sorry that I cannot do so at this time, but I am sure that your paper will be published in the Journal of Polymer Science in the near future.

I am, Sir, very truly yours,  
C. D. COLEMAN

Enclosed for you are two copies of the Journal of Polymer Science, Vol. 10, No. 1, 1954, which contains the paper of yours which I have mentioned above.

RECEIVED  
JUN 15 1954  
JOURNAL OF POLYMER SCIENCE  
DEPARTMENT OF CHEMISTRY  
UNIVERSITY OF CHICAGO  
CHICAGO, ILLINOIS