

MO'Y NOV 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Camden

Registration District No.

117

Township

Adair

Primary Registration District No.

5167

City

No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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**3. SEX***Male***4. COLOR OR RACE***White***5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)***Single***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. ormin.

*8**5*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.*None***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)***Camden Co Mo*

MOTHER FATHER

13. NAME*James Edward Green***14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)***Camden Co Mo***15. MAIDEN NAME***Bertha Eunice Curtis***16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)***Pennington Co S. D.***17. INFORMANT (ADDRESS)***J. W. Cameron***18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Camden Co Mo

DATE

10-20

1938

19. UNDERTAKER (ADDRESS)*None***20. FILED**

19

Registrar

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)***Oct. 18*

1938

22. I HEREBY CERTIFY, That I attended deceased from*Oct. 15*, 1938, to *Oct. 18*, 1938I last saw h. *in* alive on *Oct. 19*, 1938. Death is saidto have occurred on the date stated above, at *9:30* p. m.

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

*Pneumonia, Bronch,*Date of onset *Oct. 38*

Other contributory causes of importance:

Congenital Heart disease

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

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. W. Cameron

(Address)

Camden Co Mo

M. D.

113

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-358

Date Filed 11-7-38

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

35295
Do not use this space.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

1. PLACE OF DEATH

(a) County Camden Registration District No. 118
 (b) Township Adair Primary Registration District No. 5169
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bobbie Lee Green
 (a) Residence, No. St. (If nonresident, give city or town and State)

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) Single
 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.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1935
 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:
Pneumonia Broncho Date of onset
 Other contributory causes of importance:
Congenital Heart Disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo
 13. NAME James Edward Green
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo
 15. MAIDEN NAME Bertha Emma Curtis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville S. D.
 17. INFORMANT S. W. Conroy (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Barnesonton Mo DATE 10-20 1935
 19. FUNERAL DIRECTOR None (ADDRESS)
 20. FILED 12-7 - 1935 W. S. Windsor 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?
 If so, specify S. W. Conroy M. D.
 (Signed) S. W. Conroy (Address) Camden 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

RESEARCH REPORT
NO. 1000

1955

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

1955

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DEPARTMENT OF CHEMISTRY
THE UNIVERSITY OF CHICAGO