

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.

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

32847

Do not use this space.

## 1. PLACE OF DEATH

(a) County Laurens 2 Registration District No. 1034  
(b) Township Red Oak 1 Primary Registration District No. 3631 Registered No. 3  
(c) City La Russell (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

H. O. W. Mary Hazelton Sly  
(a) Residence, No. Route 2 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Edenton Ohio

FATHER 13. NAME Stephen Hazelton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Sarah Buckley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (NAME) George Sly  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE First Oak Cem. DATE Sept. 22, 1939

19. FUNERAL DIRECTOR (NAME) Knee Mortuary  
(ADDRESS) Carthage, Mo.

20. FILED Sept 21 1939 Alta Wilson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to Sept 6, 1939  
I last saw him alive on Sept. 6, 1939. Death is said to have occurred on the date stated above, at 11:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset \_\_\_\_\_  
Other contributory causes of importance: Fractured Hip

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) P. A. Holmes, M. D.  
Mt. Vernon, Mo. (Address)

RECEIVED

DEPARTMENT OF HEALTH

District Health Officer No. 6,

SPRINGFIELD, MASSACHUSETTS

District File Number 1039-2074

Date Filed OCT. 11 1939

194  
99

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

*Ernest R. Stuebel*

Licensed Embalmer No.

391

P. O. Address

*Worcester*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32847  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lawrence Registration District No. 105-4  
 (b) Township Red Oak Primary Registration District No. 5631  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mary Hazelton Sly  
 (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

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

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.  
86 4 3

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 \_\_\_\_\_

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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1939

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:  
chronic nephritis  
fractured hip

Other contributory causes of importance: \_\_\_\_\_

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 7-25, 1939  
 Where did injury occur? Barns Mill R. D.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fall from horse  
 Nature of injury fractured hip (left)

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) P. A. Halones, M. D.  
 (Address) Post Vernon Mo

SUPPLEMENTARY

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.

Local Registrar.

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
LABORATORY OF ORGANIC CHEMISTRY

REPORT OF RESEARCH

BY

DR. ROBERT M. SMITH

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD

AND

DR. J. H. GOLD

AND

DR. R. H. WOOD