

1935 NOV 24 1935

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

Do not use this space.

35913

1. PLACE OF DEATH

County Dade Registration District No. 238
Township 1 Primary Registration District No. 4143
City Lockwood (No. 1) St. _____ Ward _____

2. FULL NAME

352 Paton A. Pilcock
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah O. Pilcock
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Crawford Co. Mo

MOTHER FATHER
13. NAME A. H. Pilcock C

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

15. MAIDEN NAME Elizabeth Pinnell

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

17. INFORMANT Sarah O. Pilcock (ADDRESS) Lockwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingsport DATE Aug 15 1939

19. UNDERTAKER E. Ray Seadwell (ADDRESS) Lockwood Mo

20. FILED 8-17 1939 J. A. Warren 215 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1939
22. I HEREBY CERTIFY, That I attended deceased from 8-10-1939 to 8-13-1939
I last saw him alive on Aug 13 1939. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset months

Other contributory causes of importance: 121
Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) T. D. Combs M. D.
(Address) Lockwood 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

1954

RESEARCH REPORT
NO. 1234

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