

NOV 24 1939

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

Do not use this space.

35923

1. PLACE OF DEATH

County Dade Registration District No. 238
Township Lockwood Primary Registration District No. 4145
City Lockwood (No. 125) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

(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 J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1856
7. AGE YEARS 82 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.

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. None
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) Dade Co. Mo.

13. NAME Joseph Davidson

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL

PLACE DATE Feb 27 1939

19. UNDERTAKER (ADDRESS)

20. FILED 3-8 1939 J. P. Wren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-25- 1939, to 2-25- 1939
I last saw her alive on 2-25- 1939. Death is said to have occurred on the date stated above, at am.

The principal cause of death and related causes of importance were as follows:
Cerebral embolism
Date of onset
Other contributory causes of importance Atherosclerosis

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) J. D. Lombs, 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.

WHILE PLAINLY, WITH UNBENDING INTEGRITY TO A PERMANENT RECORD

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

1954

RESEARCH REPORT

THE CHEMISTRY OF THE
HYDROLYSIS OF
POLYMERIZATION

BY
J. H. GOLDSTEIN AND
R. H. COOKE

DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS

1954

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