

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Osage
City (No.) (No.) St. Ward)

Registration District No. 348
Primary Registration District No. 8480

File No. 29052
Registered No. 244

2. FULL NAME

(a) Residence, No. P.R. # 2 Dexter, Mo. Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 11 mos. 9 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Martha Deckerling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1853

7. AGE YEARS 80 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farmer

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) Lisconshire (STATE OR COUNTRY) England

13. NAME Christopher Deckerling

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

15. MAIDEN NAME Susan

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

17. INFORMANT James Christopher Deckerling (ADDRESS) Dexter, Mo. # 2

18. BURIAL, CREMATION, OR REMOVAL Maplewood cemetery DATE Aug-10-34

19. UNDERTAKER C. W. Ricketts (ADDRESS) Brownington, Mo.

20. FILED Aug 10, 1934 C. D. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934

22. I HEREBY CERTIFY That I attended deceased from June 7 1934 Aug 9 1934
I last saw him alive on June 7 1934 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Renal Dropsy Date of onset 6-7-34
192A

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..... 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) C. D. Taylor M. D.
(Address) Brownington, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 17 1934

8
8
8

1000

The following table shows the results of the experiment. The first column is the number of trials, the second column is the number of correct responses, and the third column is the percentage of correct responses. The data shows that the number of correct responses increases as the number of trials increases, and the percentage of correct responses remains relatively constant around 75%.

Number of Trials	Number of Correct Responses	Percentage of Correct Responses
10	8	80%
20	15	75%
30	22	73%
40	30	75%
50	38	76%
60	45	75%
70	52	74%
80	60	75%
90	68	76%
100	75	75%

The results of the experiment indicate that the number of correct responses increases as the number of trials increases, and the percentage of correct responses remains relatively constant around 75%. This suggests that the subject is learning the task and performing at a stable level of accuracy.

1000