

SEP 23 1938

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

29019
Do not use this space.

1. PLACE OF DEATH

(a) County Hennepin Registration District No. 347
 (b) Township Clinton Primary Registration District No. 5488
 (c) City Clinton (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 355 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary Edmondson
Clinton Mo. R.F.D. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 0 0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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. 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co New York

13. NAME Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co New York

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John Edmondson Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope DATE 8-15-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Williams Clinton Mo

20. FILED 8-20 1938 D. J. P. Hamplitt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on August 13, 1938. Death is said to have occurred on the date stated above, at 4:00 am.

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

Senility
Degenerative heart disease

Date of onset

Other contributory causes of importance: 93C

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? no

If so, specify _____

(Signed) Harold N. Bowerman M. D.

(Address) Clinton, Missouri

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 7-3868

Date Filed 9-14-38

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

Fred W. Wilkerson

Licensed Embalmer No. 2478

P. O. Address

Clinton, Mo.

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

19019
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 2488 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Mary Edmondson
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1854

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
84 20

Date of onset

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

Other contributory causes of importance:

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

Name of operation Date of

13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

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.

15. MAIDEN NAME

Manner of injury
 Nature of injury

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

24. Was disease or injury in any way related to occupation of deceased?

17. INFORMANT (ADDRESS)

If so, specify Harold Bowerman, M. D.
 (Signed) Clinton mo
 (Address)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8-20, 1938 J. R. Hamilton Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

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

RESEARCH REPORT
NO. 1000

THE KINETICS OF THE
REACTION OF
HYDROGEN PEROXIDE
WITH
SODIUM HYDROGEN SULFATE
IN AQUEOUS SOLUTION
AT 25°C.

BY
J. H. COLEMAN AND
R. W. BENTON

DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

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REVISED MARCH 10, 1957

ABSTRACT
The reaction of hydrogen peroxide with sodium hydrogen sulfide in aqueous solution at 25°C. has been studied. The reaction is first order in hydrogen peroxide and second order in sodium hydrogen sulfide. The rate constant is independent of the concentration of sodium hydroxide present.

INTRODUCTION
The reaction of hydrogen peroxide with sodium hydrogen sulfide in aqueous solution has been studied by several investigators. The reaction is first order in hydrogen peroxide and second order in sodium hydrogen sulfide. The rate constant is independent of the concentration of sodium hydroxide present.