

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

Do not use this space.

17816

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. St. Marys Infirmary)

File No.....
Registered No. 4932 St. _____ Ward

2. FULL NAME Chas. W. Davis

(a) Residence. No. Aberdeen Hotel St. 15 Ward. _____
(Usual place of abode) 534 Market (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	60	10	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Telegrapher
(b) General nature of industry, business, or establishment in which employed (or employer). Terminal R. R. Ass'n.
(c) Name of employer St. Louis

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) " "

12. MAIDEN NAME OF MOTHER " _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) " "

14. INFORMANT Geo. W. Black
(Address) 3661 Linsman

15. MAY 20 1930 May 20 1930
FILED _____ REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1930

17. HEREBY CERTIFY, That I attended deceased from May 1 1930 to May 16 1930 that I last saw him alive on May 15 1930, and that death occurred, on the date stated above, at 11.30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart
131

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Thyroid Chemis

(Signed) Dr. Thacker, M. D.

May 19 1930 (Address) 3115 B. Grand Blvd.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Picker Cemetery May 20 1930

20. UNDERTAKER ADDRESS 373 Y

Hausk & Schmitt S. Grand.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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31

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 309

LECTURE 10

STATISTICAL MECHANICS

ENTROPY

AND THE SECOND LAW

OF THERMODYNAMICS

LECTURER: J. K. JOHNSON

DATE: 1954

REVISION: 1

ISSUE: 1

PRINTED AT THE UNIVERSITY OF CHICAGO PRESS

CHICAGO, ILLINOIS

U.S.A.

1954

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