

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

Do not use this space.

**1. PLACE OF DEATH**

County Lackawanna

Registration District No. 398

Township Independence

Primary Registration District No. 3049

(No. 506 East Walnut)

File No. 16566

Registered No. 173

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 506 East Walnut St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1847

7. AGE YEARS 86 MONTHS 6 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 18 years

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) Memphis Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. G. D. Howell 506 East Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Mo DATE May 19, 1934

19. UNDERTAKER (ADDRESS) George C. P. Gibson Independence Mo

20. FILED May 15, 1934 Dr. F. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-12- 1934, to 5-14- 1934

I last saw him alive on 5-14- 1934 Death is said to have occurred on the date stated above, at 4:50 a.m.

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

Coronary thrombosis Date of onset 5-12-34

94 B

77

Other contributory causes of importance: Arterio-sclerosis

\_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. H. Allen, M. D.

(Address) Independence 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.

JUN. 22. 1934

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

RECEIVED  
JAN 10 1964  
CHEMISTRY DEPARTMENT  
UNIVERSITY OF CHICAGO

TO THE DIRECTOR  
OF THE UNIVERSITY OF CHICAGO  
FROM THE DEPARTMENT OF CHEMISTRY  
RE: [Illegible]

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