

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
101 County Shannon
Township Winona
City (No. St. Ward)

Registration District No. 823
Primary Registration District No. 6074

File No. 17737
Registered No.

2. FULL NAME Not named

(a) Residence, No. St. Ward. (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 m 4. COLOR OR RACE w 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) Apr 16 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Shannon w

FATHER 13. NAME Joe Morris

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

MOTHER 15. MAIDEN NAME Daisy May Shultz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co mo

17. INFORMANT (ADDRESS) Joe Morris

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon DATE Apr 16 1937

19. UNDERTAKER (ADDRESS) Wagon

20. FILED 5-3-37 Mabel Beeri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16, 1937

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

Date of onset
lingering birth
Other contributory causes of importance:
lunged one by 160 lb

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 permitted to sign form
Nature of injury St. 7 Nyls
Evansville Mo

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Mabel Beeri Registrar.
(Address) Winona 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.

THE UNIVERSITY OF CHICAGO

1950

Department of Chemistry

Chicago, Illinois

June 15, 1950

Dear Mr. [Name]

I have your letter of June 10, 1950,

concerning the [Subject]

and am sorry that I cannot

reply to you more fully at this

time.

I am sure that you will

understand my position.

I am, very truly,

Yours sincerely,

[Signature]

[Title]

[Institution]

[Address]

[City]

[State]

[Country]

[Postcode]

[Phone Number]

[Fax Number]

[Telex Number]

[E-mail Address]

[Web Address]

[Social Media]

[Other Contact Info]