

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.

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85-41 File No. 37195
Township _____ Primary Registration District No. 1001 Registered No. 1171
City St. Joseph (No. State Hospital #2) St. _____ Ward _____

2. FULL NAME

Cynthia Wilson
(a) Residence, No. Pallock, Mo St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mo 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1858
7. AGE YEARS 79 MONTHS 5 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
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) Wisconsin

13. NAME Johnson W. Jewell

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

15. MAIDEN NAME Almina Wheeler

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

17. INFORMANT (ADDRESS) State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Pallock Mo DATE 10-24 1937

19. UNDERTAKER (ADDRESS) C. A. Schoene

20. FILED Oct 27, 1937 A. J. Westphal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22 1937
22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1937, to 10-22, 1937
I last saw her alive on 10-22, 1937. Death is said to have occurred on the date stated above, at 12 1/2 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis (bilateral)
Other contributory causes of importance: senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Asay Was there an autopsy? no

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 G. Parks & Bracken
(Signed) G. Branton Davis, M. D.
(Address) State Hospital #2
St. Joseph, Mo

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
58 CHEMISTRY BUILDING
CHICAGO, ILLINOIS 60637

Dear Sirs:

I am pleased to inform you that your application for admission to the Ph.D. program in Chemistry has been accepted. You will be joining the Department of Chemistry at the University of Chicago in the fall of 1968. Your advisor will be Professor [Name], who is currently working on [Topic].

You should report to the Department of Chemistry at the University of Chicago on September 10, 1968. If you have any questions, please contact the Department Office at (312) 574-3000.

Very truly yours,
[Name]
Chairman, Department of Chemistry