

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

Do not use this space.

NOV 19 1937

38304

**1. PLACE OF DEATH**

County Montgomery  
 Township.....  
 City Montgomery City Mo.

Registration District No. 592  
 Primary Registration District No. 4350

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME Mary E. Wells**

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/37 19

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1936 to October 29, 1937  
 I last saw her alive on October 29, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 rd 1850

to have occurred on the date stated above, at 9:20 am  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 87 9 6

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 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.....

1. Myocarditis, chronic 1936  
 2. Arterio sclerosis 1934

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

Other contributory causes of importance:

13. NAME Mr Baker

Name of operation..... Date of.....  
 What test confirmed diagnosis Phys. Exam Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME Un Known

Where did injury occur?.....  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury.....  
 Nature of injury.....

17. INFORMANT Otto Wells  
 (ADDRESS) Montgomery City Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery C. Cem IO/30/37

19. UNDERTAKER C. W. Hopkins  
 (ADDRESS) Montgomery City Mo

(Signed) Bull Mercier M. D.  
 (Address) Montgomery City, Missouri.

20. FILED Oct. 30, 1937 Bull Mercier  
 Registrar.

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

OCCUPATION

MOTHER FATHER

10  
5  
2

2  
31  
31

2

ABC

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
RESEARCH REPORT

1. Introduction

2. Experimental

3. Results

4. Discussion

5. Conclusions

6. References

7. Appendix

8. Acknowledgments

9. Author's Address

10. Summary

11. Abstract

12. Bibliography

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14. Glossary

15. Tables

16. Figures

17. Plates

18. Photographs

19. Microfilm

20. Reprints

21. Distribution

22. Publication

23. Copyright

24. Trademark

25. Patent

26. License

27. Disclaimer

28. Waiver

29. Release

30. Indemnification

31. Assignment

32. Transfer

33. Conveyance

34. Devolution

35. Succession

36. Inheritance

37. Bequest

38. Legacy

39. Gift

40. Donation

41. Contribution

42. Grant

43. Allowance

44. Stipend

45. Salary

46. Compensation

47. Remuneration

48. Reward

49. Prize

50. Honorarium

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