

REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Crystal City
City Crystal City (No. 1)

Registration District No. 421
Primary Registration District No. 55750

File No. 11147
Registered No. 35
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 650 Ward _____
(Usual place of abode) Crystal City Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Wm Lorraine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 16

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. none

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) Geed Mines Mo.13. NAME S. Bozette14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME E. Polette16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geed Mines17. INFORMANT Mr. J. L. Lorraine
(ADDRESS) Crystal City Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Testus Mo. DATE Mar 29, 193819. UNDERTAKER Wuester + Vinyard
(ADDRESS) Crystal City Mo.20. FILED 3/27, 1938 J. E. Rutledge M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 193822. I HEREBY CERTIFY, That I attended deceased, from March 24, 1938, to March 26, 1938I last saw her alive on Mar 26, 1938 Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Coronary Thrombosis
Date of onset 9/13

Other contributory causes of importance: _____

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Downell M. D.382 (Address) Crystal City 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.

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The following table shows the results of the experiment. The first column shows the number of trials, the second column shows the number of correct responses, and the third column shows the percentage of correct responses. The data shows that the percentage of correct responses increases as the number of trials increases, indicating that the subjects are learning the task.

Number of Trials	Number of Correct Responses	Percentage of Correct Responses
10	5	50%
20	12	60%
30	18	60%
40	25	62.5%
50	30	60%
60	35	58.3%
70	40	57.1%
80	45	56.25%
90	50	55.56%
100	55	55%

The results of the experiment show that the subjects are able to learn the task and improve their performance over time. The percentage of correct responses starts at 50% for the first 10 trials and increases to 60% by the 20th trial. It then fluctuates between 55% and 62.5% for the remainder of the experiment.