

FILED MAY 21 1942

Registration District No. 774

Primary Registration District No. 4465-

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Flat River Iron
 (b) City or town St. Francois Co. Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME WALTER LEWIS WARWICK3. (b) If veteran, name war. 3. (c) Social Security No. _____4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife glady's 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased July 30 1895
(Month) (Day) (Year)8. AGE: Years 55 Months 4 Days 14 If less than one day
hr. _____ min. _____9. Birthplace Ottawa Canada
(City, town, or county) (State or foreign country)10. Usual occupation mining11. Industry or business Lead work.12. Name Samuel Warwick13. Birthplace Not known
(City, town, or county) (State or foreign country)14. Maiden name Princess Palmerston15. Birthplace Not known
(City, town, or county) (State or foreign country)16. (a) Informant Glady's Warwick
(b) Address Darlogs Mo.17. (a) Burial (b) Date thereof 4-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bonne Terre18. (a) Signature of funeral director Calderell Bros(b) Address Flat River Mo.19. (a) 4-16-42 (b) Burdie S. Buhmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Darlogs
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1942 hour 8 minute 20 A. M.21. I hereby certify that I attended the deceased from Darlogs April 14th 1942that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Cause
 Jury Verdict: The deceased came to his death by natural causes unknown to the jury
 Duration _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work Yes (Specify type of place) _____ Means of injury _____23. Signature Clare Clagwell (M.D. or other) CoronerAddress Bonne Terre Mo Date signed 4/14/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 542-512
Date Filed 5-12-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15428

Registration District No. 774

Primary Registration District No. 4463

Registrar's No.

1. PLACE OF DEATH: Flat

(a) County: St. Francois

(b) City or town: St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether in this community: _____ years, months or days)

3. (a) PRINT FULL NAME: Walter L. Warwick

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: m 5. Color or race: w 6. (a) Single, widowed, married, divorced: m

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: July - 30 - 1888
(Month) (Day) (Year)

8. AGE: Years 53 - Months 9 Days _____ (If less than one day)

9. Birthplace: _____ (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: _____

13. Birthplace: _____ (City, town, or county) (State or foreign country)

14. Maiden name: _____

15. Birthplace: _____ (City, town, or county) (State or foreign country)

16. (a) Informant: _____ (b) Address: _____

17. (a) _____ (b) Date thereof: _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____ (b) Address: _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: St. Francois

(c) City or town: Desloge
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April Day: 12 Year: 1942 Hour: 8:15 minute: 3 a.m.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Natural cause
Sub-ventric: The deceased came to his death by natural cause unknown to the jury

Due to: Cardiac Collapse

Other conditions (include pregnancy within 3 months of death): _____

Major findings: Of operations: _____ 95c4

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work: _____ (Specify type of place) (e) Means of injury: _____

23. Signature: Clarence Clayton (M.D. or other) _____
Address: Same as above Date signed: 9/3/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

1. The first part of the report deals with the general properties of the system under investigation. It is found that the system exhibits a complex behavior which is characteristic of a phase transition. The transition is observed to occur at a temperature of approximately 100 degrees Celsius, and is accompanied by a change in the physical properties of the system. The transition is found to be reversible, and the system returns to its original state upon cooling.

2. The second part of the report describes the experimental methods used to study the system. The system was prepared by a series of steps, and the properties were measured using a variety of techniques. The results of these measurements are presented in the following sections.

3. The third part of the report discusses the results of the experiments. It is found that the system exhibits a complex behavior which is characteristic of a phase transition. The transition is observed to occur at a temperature of approximately 100 degrees Celsius, and is accompanied by a change in the physical properties of the system. The transition is found to be reversible, and the system returns to its original state upon cooling.

4. The fourth part of the report discusses the implications of the results. It is found that the system exhibits a complex behavior which is characteristic of a phase transition. The transition is observed to occur at a temperature of approximately 100 degrees Celsius, and is accompanied by a change in the physical properties of the system. The transition is found to be reversible, and the system returns to its original state upon cooling.