

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.

REC'D MAR 17 1938

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

Do not use this space.

4) PLACE OF DEATH
 County Harrison Registration District No. 334
 Township Bethany Primary Registration District No. 465
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Larry Knight Smith 530
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 6850
 Registered No. 11

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 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) Jan 13 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
13 0 25

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo
 13. NAME Wm. V. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

MOTHER
 15. MAIDEN NAME Rose Burris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

17. INFORMANT Wm. V. Smith (ADDRESS) Bethany Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE Feb 13 1938
 19. UNDERTAKER Joe E. Wheeler (ADDRESS) Bethany Mo
 20. FILED 2-12-38 1938 A. S. Wendling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Feb 11 1938
 I last saw him alive on Feb 11, 1938 Death is said to have occurred on the date stated above, at 7: P. m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset 2-1-38
59

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic 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? _____
 If so, specify _____
 (Signed) C. M. Pappas D.O. M.D.
 (Address) Bethany Mo

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1954

RESEARCH REPORT
NO. 10

THE CHEMISTRY OF THE
HYDROLYSIS OF
POLYMERIZATION
BY
M. S. MATHER AND
R. H. WILSON

ABSTRACT
The hydrolysis of polyacrylamide in the presence of a monomer, acrylamide, has been studied. The results show that the rate of hydrolysis is increased in the presence of the monomer. The mechanism of the reaction is discussed in terms of the formation of a complex between the monomer and the polymer. The complex is proposed to be a cyclic structure in which the monomer is coordinated to the amide group of the polymer chain. The hydrolysis of the complex is then proposed to proceed through a series of steps, each involving the attack of water on the amide group of the complex. The results are consistent with the proposed mechanism.