Date — No. 541,53

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

(Fee for this certificate, $1.00)

C. L. Wilbar, Jr.
C. L. Wilbar, Jr., M.D.
Secretary of Health
Harrisburg, Pennsylvania

HVS—20145 Rev. 11-59
LOCAL REG. NO. 12603
PRIMARY DIST. NO.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: a. County Philadelphia b. City or borough Philadelphia
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)
d. Full Name of Hospital or Institution (if not in hospital, give street address)
2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number
b. Post Office, Zone, and State
3. VETERAN Yes No
c. Which War — d. Serial No.
4. NAME OF DECEASED (Type or print) a. (First) b. (Middle) c. (Last)
5. DATE OF DEATH (Month) (Day) (Year) 6/25/67
6. WHERE DID DECEASED ACTUALLY LIVE? a. State Penna. b. County
c. Did deceased live in a township? Yes, deceased lived in — township. No, deceased lived within actual limits of — city or borough.
7. SEX Male
8. RACE White
9. MARRIED NEVER MARRIED WIDOWED DIVORCED
10. DATE OF BIRTH Nov 23, 1941
11. AGE (in years last birthday) 25
12. USUAL OCCUPATION (even if retired)
13. SOCIAL SECURITY NO.
14. BIRTHPLACE (State or foreign country)
15. CITIZEN OF WHAT COUNTRY? U.S.A.
a. FULL NAME OF SPOUSE
16. FATHER'S NAME
17. MOTHER'S MAIDEN NAME
18. INFORMANT'S NAME AND ADDRESS

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)
20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).
PART I. Death was caused by
IMMEDIATE CAUSE (a) Brain magnitue septicemia
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b) Aplastic anemia
DUE TO (c) Chloramphenicol
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)
21. WAS AUTOPSY PERFORMED Yes No
22. a. ACCIDENT Yes No
22. b. DESCRIBE HOW ACCIDENT OCCURRED
22. c. TIME OF ACCIDENT Hour Month Day Year
22. d. ACCIDENT OCCURRED While at work Not while at work
22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)
22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE
23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at
a. Signature b. Address Date signed
24. a. BURIAL CREMATION REMOVAL
24. b. DATE 6/28, 1967
24. c. NAME OF CEMETERY OR CREMATORY
24. d. LOCATION
25. DATE REC'D BY REG.
26. REGISTRAR'S SIGNATURE
27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR

BROOKLYN, N.Y., *February 19, 1968.*

Dr. WILLIAM R. BEST,
University of Illinois,
Chicago, Ill.

DEAR DR. BEST: I am enclosing copies of correspondence re the drug Chloromycetin.

After I wrote to Senator Dirksen, I came upon the attached article in Time Magazine, February 16th issue.

How can you oppose the restriction of this drug when the evidence is such that it is not only administered in serious cases, but for minor colds, sore throat, etc. As you will note from the correspondence, my niece was the unfortunate statistical "1" out of 100,000. When it comes so close to home, even that "1" is too much.

I am shocked, that as a respected member of the medical profession, you feel that "infringing on a doctor's prerogative to administer whatever drug he sees fit" supersedes safeguarding that "1" out of 100,000.