

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

38537

1 PLACE OF DEATH  
County Waukegan

Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Waukegan

Registration District No. 735  
Primary Registration District No. 3034  
(NO Woodland Hospital St. 2nd Ward)

File No. \_\_\_\_\_  
Registered No. 200

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Luke Morrissey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH Oct 1st 1906  
(Month) (Day) (Year)

7 AGE 10 yrs. 1 mos. 26 da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work School Student  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Ill. Mo.

PARENTS  
10 NAME OF FATHER James Morrissey  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Canada  
12 MAIDEN NAME OF MOTHER Ellen O'Brien  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) I.L.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mr. James Morrissey  
(Address) Waukegan Mo.

15 Filed Nov. 29, 1916 B. C. Clippidge  
Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 29th 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 11-24- 1916, to 11-27- 1916, that I last saw him alive on 11-27- 1916, and that death occurred, on the date stated above, at 10:07 A.M.

The CAUSE OF DEATH\* was as follows:  
Tetanus from accident to knee 27 1867 1916  
(Duration) yrs. mos. 10 da.

CONTRIBUTORY Suppuration in wound (Secondary)  
(Duration) yrs. mos. 10 da.

(Signed) L. P. Cleary M. D.  
11-27- 1916 (Address) Waukegan Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. 3 ds. In the best known State yrs. mos. ds.

Where was disease contracted if not at place of death? Waukegan Mo.  
Former or usual residence Waukegan Mo.

19 PLACE OF BURIAL OR REMOVAL Waukegan Mo. DATE OF BURIAL 11/29 1916

20 UNDERTAKER Martin Mahan ADDRESS Waukegan Mo.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH  
 County Randolph  
 Township  
 or  
 Village  
 or  
 City Moberly

Registration District No. 735 File No.  
 Primary Registration District No. 3034 Registered No. 200  
 (NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

James Luke Morrissey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OF RACE W. 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
 (Write the word)

6 DATE OF BIRTH Sept 27 1896  
 (Month) (Day) (Year)

7 AGE 29 If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE  
 (City or town, State or foreign country)

PARENTS  
 10 NAME OF FATHER  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)  
 12 MAIDEN NAME OF MOTHER  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant)  
 (Address)

15 Filed NOV 10 1916 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 27 1916  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 11-27-16 to 11-27-16  
 that I last saw h..... alive on 11-27-16  
 and that death occurred on the date stated above.

The CAUSE OF DEATH\* was as follows:  
Metanus from accident to knee - while playing football - fell down striking knee against some blunt instrument  
 (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY Infection in wound  
 (Secondary) (Duration)..... yrs..... mos..... ds.  
 (Signed) M. D.  
11-27 1916 (Address) Moberly Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
 At place..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.  
 Where was disease contracted if not at place of death?  
 Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1916

20 UNDERTAKER ADDRESS

SUPPLEMENTARY INFORMATION

