

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

PLACE OF DEATH

County Rush

Township \_\_\_\_\_

Registration District No. 85-7

File No. 13501

or Village \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 316

or City St. Joseph (NO. State Hosp #2)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME W. O. Morris

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE wh SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF DEATH April 5, 1911  
(Month) (Day) (Year)

DATE OF BIRTH unk unk, 1880  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 13, 1909, to April 4, 1911, that I last saw him alive on April 4, 1911, and that death occurred, on the date stated above, at 5 a m.

AGE 31 yrs. unk mos. unk ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Status Epilepticus

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

(Duration) 61 yrs. few mos. hours ds.

NAME OF FATHER unk

Contributory Inequality  
(SECONDARY)

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

(Duration) 11 yrs. unk mos. unk ds.

MAIDEN NAME OF MOTHER unk

(Signed) McClary M. D.  
April 5, 1911 (Address) State Hosp #2

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Iowa

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 11 yrs. unk mos. unk ds. In the 31 yrs. unk mos. unk ds. State \_\_\_\_\_

(Informant) McClary

Where was disease contracted if not at place of death? unk

(ADDRESS) State Hosp #2

Former or usual residence Clark Co

Filed Apr 6 1911 W B Kelling REGISTRAR

PLACE OF BURIAL OR REMOVAL Asylum

DATE OF BURIAL Apr 11 1911

UNDERTAKER Mereshopper

ADDRESS St Joe

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.

# 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*, *Printer*, *Journalist*, *Compositor*, *Architect*, *Locomotive engineer*, *Marine engineer*, *Stationary fireman*, etc. But in many jobs, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the name 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) *Cotton mill*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Fireman*, (b) *Automobile factory*. The material on this line may form part of the second statement. Do not return "Laborer," "Foreman," "Manager," "Operator," etc., without more precise specification, as *Laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. If at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a regular salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *Child* or *At home*. Care should be taken to record specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housekeeper*, etc. If the occupation has been changed or given over, account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 5 yrs.)*. For persons who have no occupation or profession, write *None*.

**Statement of cause of death.**—Name, first, the one CAUSING DEATH (the primary affection with respect to time and causation), using always the same 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*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer," less definite; avoid use of "Tumor" for small neoplasms); *Measles*; *Whooping cough*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. contributory (secondary or intercurrent) affection not be stated unless important. Example: *Measles causing death*, 29 ds.; *Bronchopneumonia (secondary)*, 10 ds. Never report mere symptoms or minimal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Sepsis," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*." State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF INJURY, qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homocidal*; *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 head of "Contributory." (Recommendations on nomenclature of cause of death approved by Committee on Nomenclature of the American Medical Association.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

HUGH STEPHENS, JEFFERSON CITY.

