

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

PLACE OF DEATH

County Waco
Township Meramec
or
Village Waco
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 785
Primary Registration District No. 6032

File No. 25877
Registered No. 92

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

FULL NAME Patrick Kelly

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

DATE OF DEATH Aug. 12th, 1919
(Month) (Day) (Year)

DATE OF BIRTH March 19th, 1889
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 8th, 1919, to Aug 12, 1919, that I last saw him alive on Aug 11th, 1919, and that death occurred, on the date stated above, at 5 P. m.

AGE 80 yrs 4 mos 23 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 Teacher

1. Apoplexy

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

BIRTHPLACE (City or town, State or foreign country) A. Martin Ireland

(Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER Michael Kelly

Contributory Nephritis (Renic Cause)

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

(Duration) 7 yrs. ___ mos. ___ ds.

MAIDEN NAME OF MOTHER Mary Cratty

(Signed) J. J. Jones M. D.

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

Aug. 13, 1919 (Address) Eureka Mo

*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)

(Informant) Brother Ches

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(ADDRESS) Glenn. Mo.

Where was disease contracted If not at place of death?

Filed 8/15, 1919 A. J. Ammann REGISTRAR

Former or usual residence

PLACE OF BURIAL OR REMOVAL St. James DATE OF BURIAL 8-15, 1919

UNDERTAKER Arthur J. Jones ADDRESS 2019 Ward

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, 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), "Collapse," "Coma," "Congenital," "Senile," etc.), "D failure," "Haemorrhage," "Age," "Shock," "Uraemia," definite disease can be ascertained to qualify all diseases resulting in death, as "PUERPERAL peritonitis," etc. State cause of death was undertaken. For violent INJURY and qualify as ACCIDENTAL, or as *probably* such definitely. Examples: *Accident—railway train—accident; Revolver—Poisoned by carbolic acid—fracture of skull—sepsis, tetanus* may be stated as contributory." (Recommendation of death approved by Committee of American Medical Association.)