

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MUN 19 1934

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

Do not use this space.

15199

File No. _____
Registered No. **4418**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **707**
Township _____ Primary Registration District No. **1000**
City *St. Louis, Mo.* (No. *1514 St. 10 St*)

2. FULL NAME *Richard S. Morrissey*
(a) Residence, No. *1514 St. 10 St* St. **26** 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)

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Married* (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 29*, 19 *34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Florence Morrissey*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 29 - 1881*

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *5:10 P.M.*

7. AGE YEARS *52* MONTHS *9* DAYS *-* If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Interior Decorator*

Pneumonia (Tubercular)
Haemorrhage of lung
Date of onset _____

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** _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

13. NAME *Joseph Morrissey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT (ADDRESS) *Florence Morrissey*
1514 St. 10 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cabury* DATE *May 3 1934*

19. UNDERTAKER (ADDRESS) *H. Leidner and Co.*
1717 N. Market St.

20. FILED *-1 1934* 19 *34* *J. D. Bredecks*

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) *Harold P. Kelly* (Address) _____

OCCUPATION 223 2 2

5/1/34

