

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

11652

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township St Joseph, Mo Primary Registration District No. 1001
 City St Joseph, Mo (No. State Hospital for Insane) _____ St. _____ Ward _____
 2. FULL NAME Low Driley
 (a) Residence, No. _____ St. _____ Ward Lexington, Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. _____
 Registered No. 525

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown *about 1848*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 84 Unknown
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mine
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

PARENTS

14. INFORMANT Records State Hospital
 (Address) St Joseph, Mo.
 15. FILED APR 19 1932 John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1932
 17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to April 4 1932 that I last saw him alive on April 3 1932, and that death occurred, on the date stated above, at 7:55 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
over (duration) _____ yrs. _____ mos. 28 ds.
 CONTRIBUTORY (SECONDARY) Senile Psychosis
over (duration) _____ yrs. _____ mos. 28 ds.
 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Unknown
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. Clayton Smith M. D.
April 4 1932 (Address) State Hospital for Insane, St Joseph, Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL State Hospital for Insane DATE OF BURIAL April 6 1932
 20. UNDERTAKER Heaton-Bryce 11 Downman ADDRESS 319 S. 10th.
Funeral Home

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

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.

MAY 28 1932

