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.

APR 21 1933

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

Do not use this space.

9328

43

1. PLACE OF DEATH
County Hickory — Registration District No. 1055 — File No.
Township Jordan — Primary Registration District No. 6271 — Registered No.
City (No. St. Ward)

2. FULL NAME Walter Driskill

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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) June 13 1917

7. AGE — YEARS 15 — MONTHS 9 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mar - 1933
11. Total time (years) spent in this occupation full

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Walter Driskill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Minnie Drenon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Otto Anderson Crass Timbers

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE Mar. 20 1933

19. UNDERTAKER (ADDRESS) Fred Wasshtatt Jordan

20. FILED 3-20 1933 G. A. Driskill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1933, to Mar. 19 1933
I last saw him alive on Mar. 19 1930 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:
Appendicitis-acute — Date of onset 3-14-30
1018
121

Other contributory causes of importance:
No History

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify
(Signed) J M Eduards, M. D.
(Address) Crass Timbers,