

FEB 29 1935

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

Do not use this space.

1456

1. PLACE OF DEATHCounty JacksonRegistration District No. 399Township BrooklynPrimary Registration District No. 1062City K. C. Mo.(No. 5412 Brooklyn) St. _____ Ward _____

File No. _____

Registered No. 322**2. FULL NAME**(a) Residence, No. 5412 Brooklyn St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel Drivin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-14-1885</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>6</u>	If LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Castle Penn</u>			
	13. NAME <u>No Record</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>			
	15. MAIDEN NAME <u>No Record</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>			

17. INFORMANT Mr. Frank Majors
(ADDRESS) 5412 Brooklyn Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE Jan 22 193519. UNDERTAKER Mrs. C. H. Fortner
(ADDRESS) 718 Broadway Avenue20. FILED Jan 22 19 35 M. M. Brown
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-20-1935

22. I HEREBY CERTIFY That I attended deceased from

July 1933 to Jan 20 1935I last saw her alive on Jan 20 1935 Death is saidto have occurred on the date stated above, at 4:45 P.M.

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

Chronic endocarditis Date of onset _____

Other contributory causes of importance:

Uremia 1-18-35

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical exam Was there an autopsy? Yes

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) Solomon S. Jarson, M. D.(Address) 1437 W. Pennsylvania St.

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.

