

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 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Blue Primary Registration District No. 1002
City Kansas City (No. R.C. P.B. Hosp)

10516

File No. _____
Registered No. 11771
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1070 Ashmun 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Driskell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 10 20

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

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 _____

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

13. NAME Sam Driskell

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

15. MAIDEN NAME Rhoda Griffith

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

17. INFORMANT R.C. P.B. Hosp (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. Hardy DATE 23/6/36

19. UNDERTAKER (ADDRESS) Mrs C.H. Foraker

20. FILED Mich 5 36 M.M. Brown 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1936, to March 5, 1936.

I last saw him alive on March 5 1936 Death is said to have occurred on the date stated above, at 4:10 P.M.

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

Pulmonary tuberculosis
Tuberculosis laryngitis
Tuberculosis esophagitis
Tuberculous rectal fistula

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Ray 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. Hoffman, M. D.
(Address) R.C.H. B. Hospital
Seeds, Mo.

