

FEB 25 1937

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

Do not use this space.

263

1. PLACE OF DEATH

County Buchanan

Registration District No. 83

Township

Primary Registration District No. 1001

City St. Joseph

(No.)

Mercy Hospital

St. Ward

File No.

Registered No. 62

2. FULL NAME David H. Driskell

(a) Residence, No. 923 1/2 Robidoux St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

30

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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Almedia Reed				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1858				
7. AGE YEARS 78	MONTHS 2	DAYS 23	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Stationery	11. Total time (years) spent in this occupation. 30
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer	
	10. Date deceased last worked at this occupation (month and year) 1934	

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

13. NAME David T Driskell

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

15. MAIDEN NAME Frances Puckett

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

17. INFORMANT Harry Driskell St. Joseph Mo (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Auburn Cal DATE Jan 20-37

19. UNDERTAKER Bary. 218 1/2 318 1/2 (ADDRESS)

20. FILED 1-20 1937 H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 14 1937, to Jan. 18 1937

(Last saw him alive on Jan. 18 1937. Death is said

to have occurred on the date stated above, at 10:02 A.M.

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

Uremia

Date of onset 1-14-37

Other contributory causes of importance: Chronic Glomerulonephritis, urethral stricture

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. & Laboratory Was there an autopsy? No23. 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) P. Alan Filkell, M.D.

(Address) Mercy Hospital St. Joe. Mo.

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.

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