

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cedar

Township Lincoln

City Stockton

(No.)

St.

Ward)

Registration District No. 165

Primary Registration District No. 5231

File No. 6417

Registered No. 62

2. FULL NAME Robert Franklin Driskell 62.4

(a) Residence, No.

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

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

Jenna

Driskell

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

Oct 15, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

67

5

2

OCCUPATION

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

Farming

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pitts Co. Mo.

FATHER

13. NAME

Abner N. Driskell

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

S. C.

MOTHER

15. MAIDEN NAME

Sarah E. Kirkpatrick

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

Missouri

17. INFORMANT
(ADDRESS)

R. Driskell, Jr. Mo. Sp.

18. BURIAL, CREMATION, OR REMOVAL

PLAC

Temp. Chapel

DATE

Mar 18 1938

19. UNDERTAKER

(ADDRESS)

H. C. Davis, Theo. Stockton Mo.

20. FILED

Mar 19 1938

Mrs. F. D. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 15 1938, to March 17 1938

I last saw him alive on March 17 1938 Death is said

to have occurred on the date stated above at m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of m.

What test confirmed diagnosis? Was there an autopsy?

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) H. A. Inurell, M. D.

(Address) Stockton Mo

1516

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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6417
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 168
 (b) Township Low Primary Registration District No. 5231 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Franklin Driskell
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jenn Driskell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1870
 7. AGE YEARS 67 MONTHS 8 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938 to March 17, 1938
 I last saw him alive on March 17, 1938 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Mo
 13. NAME Abner N Driskell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.
 15. MAIDEN NAME Sarah E. Driskell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) H. E. Driskell
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jenn Chapel DATE March 18, 1938
 19. FUNERAL DIRECTOR (ADDRESS) W. C. Dairs
Stockton Mo
March 19, 1938 Mrs D. G. Brown
 20. FILED _____
 Local Registrar.

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? _____
 If so, specify _____
 (Signed) H. J. Simrell, M. D.
 (Address) Stockton Mo

