

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

Do not use this space.

41535

DEC 26 1934

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
 10 Township _____ Primary Registration District No. 4470
 5 City University City (No. 4637) Kingsbury St. _____ Ward _____

File No. _____
 Registered No. 120
 St. _____ Ward _____

2. FULL NAME Clyde L Driscoll

(a) Residence, No. 4637 Kingsbury 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 married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	37	1	7	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Country Day School

10. Date deceased last worked at this occupation (month and year) Nov. 1, 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arth. Livermore Falls
Maine

13. NAME Arthur W. Driscoll

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

15. MAIDEN NAME Maudie Cheney

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

17. INFORMANT Ruth F. Driscoll
 (ADDRESS) 4637 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACES Livermore Falls DATE Nov. 4 1934

19. UNDERTAKER Alvandy and Sons
 (ADDRESS) 6175 Delmar

20. FILED Nov. 2, 1934 Lena V. Moeller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/34 .1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:15 PM

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

From every evidence suicide; from nervous breakdown. Shot self thru head, with 22 caliber rifle, bullet entering rt. temporal and emerging just above left temporal

Other contributory causes of importance: Hemorrhage and shock.

Name of operation Coroner's view Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. B. Turner M.D.

(Address) 3718 Jennings, Rd.

Coroner, St. Louis, Mo.

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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