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.

JUL 24 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 — File No. 23050
Township Kaw — Primary Registration District No. 1002 — Registered No. 2983
City Kansas City (No. St Marys' Hospital St. Ward)

2. FULL NAME John Otis Joslin
(a) Residence, No. 1106 Troost St., Ward: (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Jennie Joslin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 15 1902

7. AGE: YEARS 34 — MONTHS 5 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cab Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Yellow Cab Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: Lex Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: Ina Sivey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Mrs Jennie Joslin, 1005 East 14th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Washington DATE: June 25 1936

19. UNDERTAKER (ADDRESS): Quirk & Lobin Co, 20 West Linwood

20. FILED: 6/23 1936 W. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22 1936

22. I HEREBY CERTIFY that I attended deceased from [illegible] 19..., to [illegible], 19...
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:35 P M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Accidentalism	
Crushing injury of the Chest	
Hemothorax	

Other contributory causes of importance:

Name of operation: Autopsy — Date of 6/23/36
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? Accident — Date of injury 6/22/36
Where did injury occur? Liberty Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury: Collision of Mo to Cars
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]