

SEP 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Brookings  
City Raytown Mo (No. \_\_\_\_\_)

Registration District No. 403Primary Registration District No. 5557File No. 30899

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

George William Driscoll  
(a) Residence, No. 1243 Fremont K.C. Mo. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 6 20

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

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) all 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawnee Kan13. NAME Bert Driscoll14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidalia Mo15. MAIDEN NAME Minnie Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannan City Mo17. INFORMANT Bert Driscoll (ADDRESS) K.C. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee DATE Aug 24 193719. UNDERTAKER H.B. Langeford (ADDRESS) 1111 Summit St. Kansas City Mo20. FILED Aug 22 19 37 McEubank Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1937

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 3:55 a.m.

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

Broken neck, fractured skull Date of onset \_\_\_\_\_

Other contributory causes of importance:

NONEName of operation NONE Date of \_\_\_\_\_What test confirmed diagnosis? CLINICAL STAINS Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury Aug 22 1937Where did injury occur? Raytown Jackson Co. Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. autoon R.T. R.R. tracksManner of injury careless fall from road 65 FtNature of injury R.R. track

mashing body on R.R.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A.G. Swaney M. D.(Address) 1014 1/2 Summit Mo.

