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.

NOV 18 1937

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. — File No. 36829

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. General Hospital St. [illegible] Ward)

2. FULL NAME John Driscoll

(a) Residence, No. 4624 Forest 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	24	7	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Park Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER

13. NAME William Driscoll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

MOTHER

15. MAIDEN NAME Nellie Coughlin

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

17. INFORMANT (ADDRESS) William Driscoll 4624 Forest

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE 10/25/37, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. K. C., Mo.

20. FILED 10-23, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/37, 19

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

I last saw h alive on 7:00 p, 19 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:

Automobile traumatism
Fracture of the skull
210 M

Date of onset

Other contributory causes of importance:

W

Name of operation Autopsy Date of ops

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 10/22/37, 19

Where did injury occur? 26th & Kenway K.C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Motor Car Overturned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hobb, M. D.

(Address) [illegible]