

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.

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

PLACE OF DEATH  
County Cole

Township \_\_\_\_\_

Registration District No. 213

File No. 22564 22001

Village \_\_\_\_\_

Primary Registration District No. 3014

Registered No. 105-a

City Jefferson City

(NO. Prison Hospital, St.: A, Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME L. A. Driscoll

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED  SINGLE  WIDOWER  OR DIVORCED  (Write the word)

DATE OF BIRTH May-16, 1888  
(Month) (Day) (Year)

AGE 63 yrs.  mos.  ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Convict  
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

BIRTHPLACE (City or town, State or foreign country) Kentucky 3-07

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Stevens a.c.c.  
(ADDRESS) 40 Mo. State Pen

Filed July 15, 1912, J.P. Proch. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 15, 1912, to July 15, 1912, that I last saw him alive on July 15, 1912, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Aneurysm of Arch of Aorta (ruptured)

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Hemorrhage

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) A. M. Myerick M. D.  
7-15-1912, (Address) Prison Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. 10 mos. 15 ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence Lafayette Co.

PLACE OF BURIAL OR REMOVAL Jefferson City Mo DATE OF BURIAL July 17, 1912

UNDER-TAKER J. H. ... ADDRESS Jefferson City Mo

96  
1035

