WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

1141

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 188
City Kansas City (No. 3407 West Coleman Road St. Ward)

2. FULL NAME Mary Josephine Gosnell-Fritz
(a) Residence. No. 3407 Coleman Road 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Onarga
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Capt. Peter James Gosnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Cornelia Maria Hamlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New York

14. INFORMANT Walter A. Fritz
(Address) 6001 Oak St

15. FILED Jan 13, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 11, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to Jan 11, 1927 that I last saw her alive on Jan 11, 1927, and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11A
10C
11A
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? M DATE OF
WAS THERE AN AUTOPSY? M
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. Armour, M. D
1/12, 1927 (Address) 630 Argyle Bl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill Cemetery — DATE OF BURIAL: 11-13-1927

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

630 Argyle Bldg.
Victor, Colo.