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

Do not use this space.

1394

File No.

Registered No. 14

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence (No. Johnson Apts. Van Horn Rd. St. Ward)

2. FULL NAME Jennie Gossin

(a) Residence. No. 817 Sylvania St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred St Joseph Mo yrs. 1 mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF J. K. Gossin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	11	24	

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

9. BIRTHPLACE (CITY OR TOWN) Johnson City
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER Thos Buckingham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Fanny Sayles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT E. Gossin
(Address) 3601 askew ave K.C. Mo

15. FILED 1-18, 1929 J. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Jan 15th, 1929, that I last saw her alive on Jan 15th, 1929, and that death occurred, on the date stated above, at 10:30 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Gall Stones & Chole cystitis 12 b
12 7 B
6 or 8 yrs (duration) ____ yrs. ____ mos. ____ da.
CONTRIBUTORY (SECONDARY) Chole cystitis
6 or 8 (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 11, 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. A. Allen M. D
1-16, 1929 (Address) Over-N-Out Bldg Independence Mo

*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	DATE OF BURIAL
St Joseph Mo	Jan 17 1929
20. UNDERTAKER [illegible]	ADDRESS Indep

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.