

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 50
 Township Kaw Primary Registration District No. 2325 Prospect Ave Registered No. 50
 City Kansas City (No. 2325 Prospect Ave St. 3 Ward)

2. FULL NAME

Mrs. Jennie J. Gossage
 (a) Residence, No. 1601 Wyandotte St., 3 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

2 MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Gossage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1855

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
76 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

FATHER 13. NAME Jerome B. Gillett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Sarah Ann Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Alice Gossage, 1200 E. 13th St., Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE January 8, 1932

19. UNDERTAKER (ADDRESS) O. H. Newcomer's Sons, Kansas City, Missouri

20. FILED Jan 7, 1932 M. D. Carroll Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 17, 1931, to Jan 4, 1932. I last saw her alive on Jan 2, 1932. Death is said to have occurred on the (date stated above, at 1:30 P.M.)

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 2-1-31
131
93C 131
 Other contributory causes of importance:
Chronic Myocarditis 12-1-31

Name of operation None Date of None
 What test confirmed diagnosis Clinical Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Chas. Nelson, M. D.
 (Signed) _____ (Address) 1200 E. 13th St., Kansas City, Mo.

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