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.

NOV 13 1934

File No. 36131

Registered No. 46934

1. PLACE OF DEATH

County: Jackson. Registration District No.: 399

Township: Kansas City Primary Registration District No.: 1002

City: Kansas City (Ward) St. Ward)

2. FULL NAME Mrs Kathleen E. Gossart

(a) Residence, No. Liberty Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: R. C. Gossart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1895

7. AGE: Years 39 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In self
10. Date deceased last worked at this occupation (month and year): 1 mo
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty, Mo

FATHER

13. NAME: Frank Codwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): R. C. Gossart Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL: Farmer
PLACE: Liberty Mo DATE: 10/20 34

19. UNDERTAKER (ADDRESS): Crouch-Wilhelm Co Liberty Mo.

20. FILED 10/18 1934 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug (last visit) 1934, to 10/18 1934
I last saw her alive on 10/18 1934. Death is said to have occurred on the date stated above, at 10:15 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	
due to Extensive	
brain tumor (Malignant)	
(Glioma)	

Other contributory causes of importance:
536 None

Name of operation: attempted resection of tumor Date of: 10/18 34
What test confirmed diagnosis? X Ray & C. Was there an autopsy? yes

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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) J. C. Kemper, M. D.
(Address) Bryant Bldg KC Mo