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

JAN 1 8 1935

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 43150

Township Kan — Primary Registration District No. 1008 — Registered No. [illegible]

City Kansas City (No. St Lukes Hospital St. Ward)

2. FULL NAME Robert W. Gosslee

(a) Residence, No. 613 West 61rd Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Mrs Louise Gosslee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 25, 1893.

7. AGE: YEARS 41 — MONTHS 10 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washburn-Crosby Co.

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) Minnesota

FATHER

13. NAME E. R. Gosslee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illnois

MOTHER

15. MAIDEN NAME Vesta Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dakota

17. INFORMANT (ADDRESS) Mrs Louise Gosslee 613 West 61st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mankato, Minn DATE 12/26/34 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel 104 West 42nd Street

20. FILED 12-25 1934 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 25 34 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19 to 19 ....

I last saw h.... alive on 1 10 A 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Automobile traumatism — Date of onset

Fracture of the skull.

Other contributory causes of importance: Passenger

Name of operation Autopsy Date of ....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 12/24/34

Where did injury occur? 56th & Summit Kew (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury Collision of motor cars

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]