

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.

45055

1. PLACE OF DEATH **Jackson**
 County..... Registration District No. **399**
 Township **Kaw** Primary Registration District No. **1002**
 City **Kansas City, Mo. (No. 704)**, **Livestock Exchange** St. Ward)

File No.
 Registered No.

2. FULL NAME **Grover Harry Gosnell**
 (a) Residence, No. **4007 Genesee** 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 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 Stella M. Gosnell				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1886				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	50	1	26	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer 'at			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. stockyards			
	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) KANSAS				
FATHER	13. NAME Peter James Gosnell			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Maryland			
MOTHER	15. MAIDEN NAME Cornelia Hamilian			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) New York			
17. INFORMANT Mrs. G. H. Gosnell (ADDRESS) 4007 Genesee				
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan. 2 , 19 36				
19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway				
20. FILED 12-31- 19 36 M. M. Crowe and Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 30**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **1936**, to **1936**, 19.....
 I last saw him/her alive on....., 19..... Death is said to have occurred on the date stated above, at **9:05 A.M.**
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Acute Date of onset

Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis? **Autopsy** Was there an autopsy?

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?
 If so, specify.....
 (Signed) **Russell W. Ben** M. D.
 (Address) **St. Louis**

Permit