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.

31732

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 9078

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis Mo (No. ....., Barnards Hospital St. ..... Ward)

**2. FULL NAME** May Clark Cohen

(a) Residence. No. ..... St. Joseph Mo St., 21 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: 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: Chas Cohen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 15 1882

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 44 | 11 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 49E 100
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: At Home

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Paul Neb.

PARENTS

10. NAME OF FATHER: Unknown Roach
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Charles Cohen
(Address): St. Joe Mo.

15. FILED OCT 12 1927, 19..... May C Starkcoff REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 10 1927

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1927, to Oct 10, 1927, that I last saw her alive on Oct 10, 1927, and that death occurred, on the date stated above, at 11:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of vulva

..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Acute Nephritis

..... (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? home

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 16, 1927

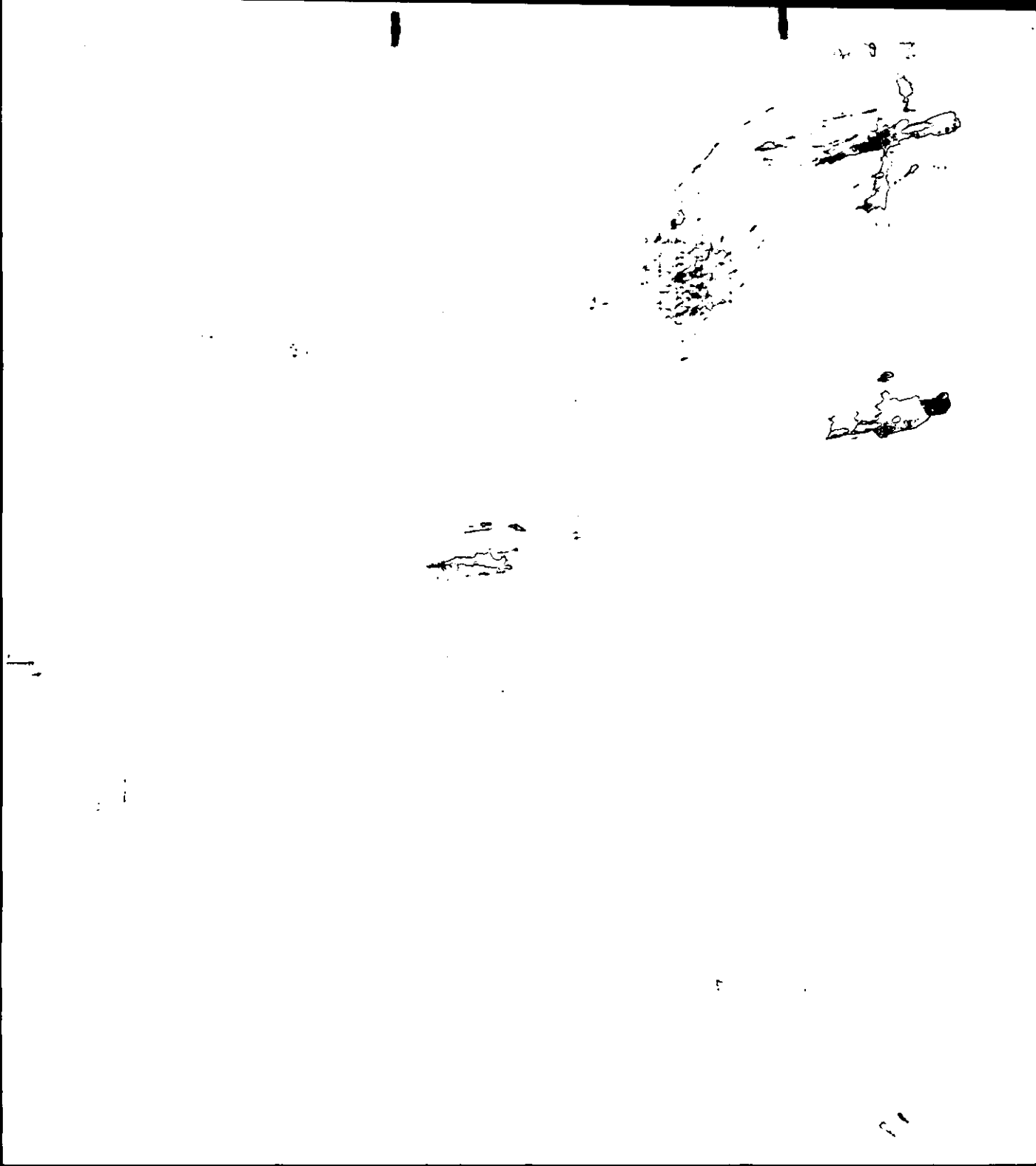
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) James Knott, M. D

, 19 (Address) Barnard Hospital

*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: Calvary Cemetery
DATE OF BURIAL: Oct 13 1927

20. UNDERTAKER: Wm J. Robert
ADDRESS: 1905 S Grand Blvd