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

Do not use this space.

33660
4106

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3524 Paseo 1002 St. 13th Ward)
Registration District No. 399
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Morris William Cohn
(a) Residence. No. 3524 Paseo St., 13th Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. 3 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m.	W	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24. 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or ✓ min.
35	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Ladies Ready to Wear
(c) Name of employer himself

9. BIRTHPLACE (CITY OR TOWN) Wichita, Kans.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Moses B. Cohn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville, Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Clara B. Negbaur
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leavenworth, Kansas
(STATE OR COUNTRY)

14. INFORMANT Walter Negbaur
(Address) 717 Manheim Rd.

15. FILED 10-2 1929 M. M. Crowe asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Octob. 1. 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1929, to Oct. 1. 1929 that I last saw him alive on Oct. 1. 1929, and that death occurred, on the date stated above, at 9.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
primary carcinoma of liver
46E
47B
44 B
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 2nd ary carcinoma of left lung
(duration) yrs. 2 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
O DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. Wolf M. D.
Oct 1. 1929 (Address) 620 Argyle Bldg

*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	DATE OF BURIAL
Rose Hill	Oct 3 1929
20. UNDERTAKER	ADDRESS
Julian K Davidson	3024 Troost

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.

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