

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

Do not use this space.

22963

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 1218 West 23rd)

Registration District No. 399

Primary Registration District No. 1009

File No. _____
Registered No. 2955
St. _____ Ward) _____

2. FULL NAME

Mrs. Serena, Cohen

(a) Residence. No. 1218 West 23rd St. 3 Ward.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James Cohen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>10</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Java

10. NAME OF FATHER William Noble

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Persinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Galley Co. Missouri

14. INFORMANT Mrs. Nettie Bailey
(Address) 1218 W. 23rd St.

15. FILED 7-18-30 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/15/30, 19... to 7/18/30, 19... that I last saw her alive on 7/18/30, 19... and that death occurred, on the date stated above, at 1030 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
92 A
111 B

(duration) yrs. mos. 21 ds.

CONTRIBUTORY Pulmonary Edema
(SECONDARY)

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Not Known

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) Lynch H. Norwood M. D.

7-18-1930 (Address) 2750 Garboe, KR. 710

*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 Mt. Hope - N. C. Kans DATE OF BURIAL July 9 1930

20. UNDERTAKER D. H. Newcomer Sons ADDRESS 2116 9th St.

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.

Mr. F. N. Howard
2340 Garden