

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

Do not use this space.

28477

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
 Township Kaw Primary Registration District No. 300  
 City Kansas City (No. 1408 W., 39th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3005  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Selig Cohn  
 (a) Residence, No. 1408 W 39thn St. 5 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Clara Cohn</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unknwon</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>69</b>	<b>-</b>	<b>-</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Grocer</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) <b>Russia</b>				
FATHER	13. NAME <b>Not known</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not known</b>			
MOTHER	15. MAIDEN NAME <b>Not known</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not known</b>			
17. INFORMANT <b>A. I. Morris</b> (ADDRESS) <u>1408 W 39th</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Carmel Cem</b> DATE <b>8-28-31</b> , 19 <u>31</u>				
19. UNDERTAKER <b>J.P. Louis Funeral Home</b> (ADDRESS) <u>Kansas City, Mo.</u>				
20. FILED <u>8/27</u> , 19 <u>31</u> <u>M. M. Browne</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to Aug. 26, 1931  
 I last saw him alive on Aug. 26, 1931. Death is said to have occurred on the date stated above, at 12 m. n.  
 The principal cause of death and related causes of importance were as follows:  
Hypernephroma  
of L. Kidney  
 57  
 71B 57  
 Other contributory causes of importance:  
Stroke 2<sup>nd</sup> day an aneurysm

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. Woolf, M. D.  
 (Address) 620 Argyle Bldg

Date of onset  
April  
21, 1931

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.

