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.

Jun 26 1932

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

Do not use this space.

20368

1. PLACE OF DEATH
78 County Pemiscot — Registration District No. 653 — File No.
4 Township — Primary Registration District No. 4390 — Registered No. 55
6 City Hayti (No. ..... St. ..... Ward)

2. FULL NAME Rachell Kohn

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1867

7. AGE — YEARS 65 — MONTHS — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In the home
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) Lazdijia Poland

FATHER
13. NAME Gaershe Jacob Falkoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lazdijia Poland

MOTHER
15. MAIDEN NAME Essie — not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland Russia

17. INFORMANT (ADDRESS) Joe Kohn Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 6-29- 1932

19. UNDERTAKER (ADDRESS) Ray Und Co. Hayti, Mo.

20. FILED 6-28- 1932 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to June 28, 1932
I last saw her alive on June 28, 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1-1-29
Other contributory causes of importance: Diabetes Mellitis (1)	1-1-27

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....
(Signed) J. W. Johnson, M. D.
(Address) Hayti, Mo.