

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

Do not use this space.

23037

1. PLACE OF DEATH

County Jackson
Township Raw
City H. C. No. (No. 2615 Linwood)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2951
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2615 Linwood St., 14 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*) Widow

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 — — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Russia 3

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. J. Cohn
(ADDRESS) 501 W. 11th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cemetery DATE July 29 22

19. UNDERTAKER H. Tigerman & Sons
(ADDRESS) 2738 Prospect

20. FILED July 29, 1932 M. M. Crowe
Registrar.

A MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1925 to July 28, 1932

I last saw her alive on July 28, 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset 1920

Other contributory causes of importance:
Valvular disease of the heart 1925
with decompensation
and dropsy

Name of operation _____ Date of _____
What test confirmed diagnosis? Insect hypoxia 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) George Ringel, M. D.
(Address) 518 Commerce Bldg

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.

