

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

Do not use this space.

JUN 7 1936

19512

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan. Primary Registration District No. 1002
 City Kansas City (No. Menorah Hospital)

File No.
 Registered No. 2158
 St. Ward

2. FULL NAME

Max Cohn
 (a) Residence, No. 1602 E 23rd 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 <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Cohn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
	<u>46</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>Mrs. Ida C. Cohn</u> (ADDRESS) <u>1602 E 23rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Field</u> DATE <u>5-17</u> 19 <u>36</u>		
19. UNDERTAKER <u>P. Louis Funeral Home</u> (ADDRESS) <u>Kan. Mo.</u>		
20. FILED <u>May 17, 1936</u> <u>M. M. Caron</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 15, 1936
 I last saw him alive on May 15, 1936 Death is said to have occurred on the date stated above, at 8:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset	<u>1935</u>
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My hypertensive heart disease
Cardiac decompensation

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

28. 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) F. H. De la Harpe, M. D.
 (Address) 1405 Bryant 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.

