

OCT 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 1002City Kansas City (No. 1410 E 55th St.)File No. 33345Registered No. 3700St. 3700 Ward2. FULL NAME Issadore Cohen(a) Residence, No. 1215 E 34th

St.

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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Cohen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 1887

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

5062

## OCCUPATION

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

## 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) Russia

## FATHER

13. NAME Joseph Cohen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

## MOTHER

15. MAIDEN NAME Hannah Goldberg16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT (ADDRESS) Mrs. Harry Ostrowen

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Sheffield Cem. DATE Sept 20 193719. UNDERTAKER (ADDRESS) J. P. Phoy's Funeral Home20. FILED 9-20 1937M. M. Crowe

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-37 . 19

## 22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. Dr. J. H. ... to Dr. J. H. ..., 19...to have occurred on the date stated above, at 3:15 m.

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

Chor. Fibrous myocarditisHealed myocardial infarct93c

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? Yes

If so, specify.....

(Signed) Russell W. ..., M. D.(Address) ...

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.

2020/06/08