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.

FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. Veterans Administration St. Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 1997
Registered No. 6

2. FULL NAME COHN, Harold H.
(a) Residence, No. 2116 E. 38th St., Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Hortense R. Cohn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1897

7. AGE: YEARS 41 | MONTHS 5 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life ins. underwriter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Pennsylvania

FATHER
13. NAME Moses Cohn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, New York

MOTHER
15. MAIDEN NAME Minnie Levy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pa.

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Kansas City, Mo. DATE 1-11-39, 19

19. UNDERTAKER (ADDRESS) Julian Davidson Kansas City, Missouri

20. FILED Jan 11, 1939 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1938, to January 10, 1939
I last saw him alive on January 10, 1939. 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:

	Date of onset
Sub-acute endocarditis, bacterial	?

9/21

Other contributory causes of importance:

Pulmonary edema and pleural effusion	?
Infarcts of spleen and kidney	?

Name of operation ~~Exam.&Obs.~~ None Date of --
What test confirmed diagnosis? Exam.&Obs. 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? No
If so, specify --
(Signed) E. K. LOORE, M.D., Clin. Dir., M. D.
(Address) Veterans Administration Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/7/39