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.

OCT 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29625
Township Kaw — Primary Registration District No. 1002 — Registered No. 4741
City Kansas City (No. Memorial Hosp St. Ward)

2. FULL NAME Samuel Swerdlow
(a) Residence, No. Chicago Ill 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 M. — 4. COLOR OR RACE Wh. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Swerdlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1908

7. AGE — YEARS 25 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trammer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Picture)
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 Bernard Swerdlow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Tannie Wirk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Jack Swerdlow Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE 9-1- 1934

19. UNDERTAKER (ADDRESS) J. P. Lewis and Co. Lib

20. FILED Sept 1 1934 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31- 1934

22. I HEREBY CERTIFY, THAT I attended deceased from ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Traumatism	
Fracture of the Cervical Spine	
Compression Myelitis	

Other contributory causes of importance:
210M Passenger
210R
Dr 210

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? Accident Date of injury 8/20/34
Where did injury occur? Emerson Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Car overturned on the highway
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]