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.

JUL 10 1937

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

Do not use this space.

22738

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2504
Township Kaw — Primary Registration District No. 10029 — Registered No. 1
City Kansas City (No. 4104 Wabash Avenue St. Ward)

2. FULL NAME Saleena Ellias Swyden
(a) Residence, No. 4104 Wabash Avenue 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellias N. Swyden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4, 1871

7. AGE: 262 — YEARS: 65 — MONTHS: 11 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Syria

FATHER
13. NAME: Moses Swyden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

MOTHER
15. MAIDEN NAME: Sahda Naipeh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

17. INFORMANT (ADDRESS): Frank Swyden, 4104 Wabash Avenue, Kansas Cy., Mo.

18. BURIAL, ~~CREMATION, ...~~ Mt. Moriah Cemetery
PLACE Kansas City, Mo. DATE June 11, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza,

20. FILED 6/10, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937, to June 3, 1937
I last saw her alive on June 3, 1937. Death is said to have occurred on the date stated above, at P. m. 1:45
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

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Other contributory causes of importance:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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) T. A. Kyner, M. D.
(Address) 214 Wirthmore Bldg

[illegible]

[illegible]

[illegible]