

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.

REC'D AUG 8 1938

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

Do not use this space.

24194

1. PLACE OF DEATH  
 County Jefferson Registration District No. 399  
 Township Kearney Primary Registration District No. 1002  
 City K.C. (No. Menasha Hempt.) St. 6<sup>th</sup> Ward

2. FULL NAME Samuel Swartz  
 (a) Residence, No. 2001 Jefferson St. Ward. \_\_\_\_\_  
 (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 ma 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 Jette Swartz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
approx 70 Unknown

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocer.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER FATHER  
 13. NAME Louise Swartz  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER FATHER  
 15. MAIDEN NAME Rebecca Weindler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Mrs. M. Sheffer  
 (ADDRESS) 5307 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheffield Cem. DATE 7-5 1938

19. UNDERTAKER H. Tigerman + Sons  
 (ADDRESS) K.C., Mo.

20. FILED July 5 1938 M. M. Cross, Wash.  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 26 1938, to July 4 1938  
 Last saw him alive on July 4 1938 Death is said to have occurred on the date stated above, at 9 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia  
Arteriosclerosis  
 Date of onset 6/26/38

Other contributory causes of importance:  
Old Hemiplegia (right side) 1935  
Probably due to Cerebral Arteriosclerosis - N.M.D.

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) Jack W. Way M. D.  
 (Address) 670 Angelle Bldg.

