

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.

NOV 23 1932

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

Do not use this space.

32660-35

1. PLACE OF DEATH

49 County Jasper
Township Madison
City Joplin (No. 2936)

Registration District No. 411

File No. 35

Primary Registration District No. 2936

Registered No. 35

2. FULL NAME

(a) Residence, No. Thomas Henry Chernath

(Usual place of abode)

St. Mo.

Ward. 10th

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minerva</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5-1868</u>		
7. AGE <u>63</u>	YEARS <u>10</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Chief Clerk for Times P.P.</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>25 yrs.</u>
10. Date deceased last worked at this occupation (month and year)		Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
13. NAME <u>Chernath</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
15. MAIDEN NAME <u>Emmaline</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex</u>
17. INFORMANT (ADDRESS) <u>Family of 9th, Joplin</u>
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <u>Funeral Home</u>
19. UNDERTAKER (ADDRESS) <u>Funeral Home</u>
20. FILED <u>11</u> <u>1932</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 31-1932</u>
22. I HEREBY CERTIFY that I attended deceased from <u>Oct 24</u> to <u>Oct 31</u> , 19 <u>32</u> I last saw him alive on <u>Oct 31</u> , 19 <u>32</u> Death is said to have occurred on the date stated above, at <u>2:45</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Lobar pneumonia</u> <u>10th</u> Other contributory causes of importance: <u>10th</u>
Date of onset
Name of operation
Date of
What test confirmed diagnosis?
Was there an autopsy?
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? If so, specify (Signed) <u>Dr. Brookhouse</u> (Address) <u>Joplin Mo</u>

Registrar.

