

DEC 18 1936

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

Do not use this space.

43709

1. PLACE OF DEATH

County Barry
Township Purdy
City Barry (No. 1)Registration District No. 31
Primary Registration District No. 4022File No. 43
Registered No. 43
St. Barry Ward 1

2. FULL NAME

(a) Residence, No. Adam Chromovitz St. Barry Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Chromovitz6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 19367. AGE YEARS 86 MONTHS 6 DAYS 7 IF LESS than 1 day, ... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Poland13. NAME Frank Chromovitz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland17. INFORMANT Frank Chromovitz (ADDRESS) Monett, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bricefield DATE Dec. 3 193619. UNDERTAKER Blankenships (ADDRESS) Purdy, Mo.20. FILED Dec. 1 1936 Mattie Blankenships Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1936, to Dec. 1st 1936I last saw him alive on Dec. 1st 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer Prostate Date of onset Nov. 2 '36Other contributory causes of importance myocarditis
BenignityName of operation none Date of noneWhat test confirmed diagnosis? Phys. 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 1936

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) J. D. Baldwin M. D.(Address) Purdy Mo.

