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.

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

Do not use this space.

22689

1. PLACE OF DEATH
County JUL 10 1937 Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 2505
City Kansas City (No. Menorah Hosp. 1 St. Ward)

2. FULL NAME Abraham Morris Chamarnik
(a) Residence, No. 2805 E 39 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Lizzy Chamarnik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1877

7. AGE 37 — YEARS 60 — MONTHS 0 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
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) Poland

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Franklin St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cem DATE June 8, 1937

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home K. C., Mo.

20. FILED June 8 1937 M. M. Grower 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 June 3, 1937, to June 7, 1937
I last saw h. 1 h. alive on June 7, 1937 Death is said to have occurred on the date stated above, at 7:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia acute	

Other contributory causes of importance:

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) J. B. Mann, M. D.
(Address) 206 E 12