

Thome, John F 1861-1942

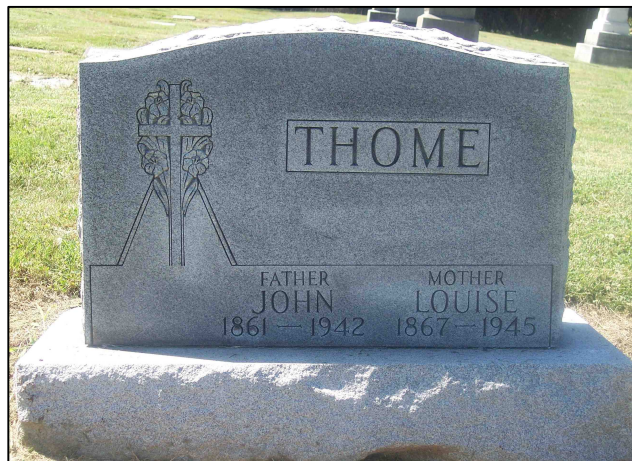


Front Row: Louis Thome, Louise Thome Theobald, John Thome, Clifford Thome, Edward Thome, LaVerne Theobald, Martin Thome
Middle: Clarence Thome, Anthony Thome, Julia Sommers Thome, Frank Thome, Margie Theobald, Delores Theobald, ?, ?, Paul Leland
Back: Bessy Thome, Carl Theobald, Gussie Zepf Thome, Rose Wirtle Thome, Raymond Thome, Louise Thome Leland

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Cincinnati Enquirer – December 20, 1942

THOME—John Thome, beloved husband of Louise Horning Thome, beloved father of Louise Theobald, Loretta Henderson, John, Frank, Louis, Martin, Charles, Edward, Clarence, and Anthony Thome, Thursday, December 17, 1942, at residence, 4235 Williamson pl. Funeral from the Chas. A. Miller Sons funeral home, Hamilton ave., at Knowlton st. Northside, Monday at 8 a. m. Requiem high mass at St. Boniface Church at 8:30 a. m.



Thome, John F 1861-1942

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STATE OF OHIO DEPARTMENT OF HEALTH		Social Security
1 PLACE OF DEATH		CERTIFICATE OF DEATH		No. <u>NO</u>
County <u>Hamilton</u>		Registration District No. <u>494</u>	File No. <u>73460</u>	
Township _____		Primary Registration District No. <u>3227</u>	Registered No. <u>6797</u>	
or Village _____		No. _____	St. <u>74</u> Ward _____	
or City of <u>Cincinnati</u>		(If death occurred in a hospital or institution, give its Name instead of street and number)		
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.		
2 FULL NAME <u>John Thome</u>		Did Deceased Serve in _____ U. S. Navy or Army _____		
(a) Residence. No. <u>4236 Williamson Pl</u>		St. _____ Ward _____ (if nonresident give city or town and State)		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	21. DATE OF DEATH (month, day, and year) <u>Dec 17 1942</u>		
5. SINGLE, MARRIED, Widowed or Divorced <u>Married</u>		I HEREBY CERTIFY, That I attended deceased from <u>Dec. 15, 1942</u> to <u>Dec. 17, 1942</u>		
5a. If Married, Widowed, or Divorced Husband or (or) Wife of <u>Louise Horning</u>		I last saw <u>him</u> alive on <u>Dec. 17, 1942</u> , death is said to have occurred on the date stated above at <u>5:00 P.M.</u>		
6. DATE OF BIRTH (month, day, and year) <u>July 9, 1861</u>		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset here as follows:		
7. AGE (years) Months Days <u>81 5 8</u> If LESS than 1 day _____ hrs. _____ min.		<u>Cerebral Hemorrhage</u> Date of onset <u>12-15-42</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Night Watchman</u>		<u>Anterior Sclerosis</u> <u>93D</u> Date of onset <u>1935</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Day Wood Heel Co.</u>		CONTRIBUTORY CAUSES of importance not related to principal cause:	
10. Date deceased last worked at this occupation (month and year) _____		<u>Chronic Myocarditis</u> <u>1935</u>		
11. Total time (years) spent in this occupation _____		Name of operation <u>None</u> Date of _____		
12. BIRTHPLACE (city or town) <u>Cinti</u> (State or country) <u>Ohio</u>		What test confirmed diagnosis? <u>Syphilitic</u> there an autopsy? <u>No</u>		
Father	13. NAME <u>Frank Thome</u>		23. If death was due to external causes (violence) fill in also the following:	
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		Accident, suicide, or homicide? _____ Date of injury _____, 19____		
Mother	15. MAIDEN NAME <u>Margaret -</u>		Where did injury occur? _____ (Specify city or town, county, and State)	
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		Specify whether injury occurred in industry, in home, or in public place.	
17. The Signature of Informant <u>John Thome</u> and (Address) <u>4236 Williamson Pl.</u>		Manner of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's</u> Date <u>Dec 21, 1942</u>		Nature of injury _____		
19. FUNERAL FIRM <u>Thas. A. Miller Sons</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
19a. BURIED BY <u>Thas. A. Miller</u> Lic. No. <u>124</u>		If so, specify _____		
19b. EMBALMER <u>N. W. Miller</u> Lic. No. <u>3636A</u>		(Signed) <u>Henry F. Kempel</u> M. D.		
20. FILED <u>DEC 26 1942</u> Registrar <u>Jo Black</u> Date <u>12-21-1942</u> Address <u>1675 Chase W. Co.</u>				