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

Do not use this space.

2047

File No. .....

Registered No. 3

Registration District No. 533

Primary Registration District No. 2027

FEB 20 1931

1. PLACE OF DEATH

County Macon

Township .....

City Macon (No. ....., ... St. ..... Ward)

2. FULL NAME Louis Kronenberg

(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ella Kronenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	10	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Miner 11

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Louis Kronenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Louis Kronenberg
(Address) Bevier Mo

15. FILED 1/30, 1931 Mrs Luke Finke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 9, 1931, that I last saw ~~he was~~ alive on Jan 9, 1931, and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death - Coal miner - Fall of rock producing Fracture ribs with internal injuries. Comp. fracture left leg (duration) ....yrs. ....mos. 14 hrs

CONTRIBUTORY (SECONDARY) 20 M 2 Cpg (duration) ....yrs. ....mos. ....ds. 117

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? 8

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. P. Kronenberg M. D.

1/10, 1931 (Address) Macon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
East Oakwood Bevier	Jan 10 1931
20. UNDERTAKER	**ADDRESS**
F. G. Edwards	Bevier Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD