

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

Do not use this space.

10697-1

10697-1  
3

**1. PLACE OF DEATH**

County marion Registration District No. 543  
 Township Boone Primary Registration District No. 5734  
 City (No. ....) St. .... Ward

**2. FULL NAME** James R. Krone

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret E. Krone  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-1-1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 3 15  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer 1  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER William Krone  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10  
 12. MAIDEN NAME OF MOTHER Ellen Type  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

14. INFORMANT (Address) Margaret E. Krone Tavern Mo  
 15. FILED May 23 1931 Emma Curtman REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/16 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1931, to Mar 15, 1931 that I last saw him alive on Mar 15, 1931, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
followed by Influenza  
11A  
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 110 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 8 DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. H. Low Gramp, M. D.  
Mar 17, 1931 (Address) Iberia 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 Wheeler DATE OF BURIAL 3/17 1931  
 20. UNDERTAKER Fred A. G. Gillebert Dixon Mo. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1931

PARENTS

