

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

Do not use this space.

20103

1. PLACE OF DEATH
 6 2 County Madison Registration District No. 539
 2 Township Marquand Primary Registration District No. 6792
 1 City Marquand (No. 4320 St. _____ Ward) _____
 2. FULL NAME Mary Caroline Tronie
 (a) Residence. No. Marquand 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franklin Louis Tronie (deceased)
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1st 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 8 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Nothing
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Madison County
 (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER John Tronie
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Madison Co. Mo.
 12. MAIDEN NAME OF MOTHER Tronier
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Madison Co. Mo.

14. INFORMANT M. K. Tronie
 (Address) Marquand, Mo.
 15. FILED 6/12 32 REGISTRAR M. Cur

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1932
 17. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to June 11, 1932 that I first saw her alive on June 11, 1932 and that death occurred, on the date stated above, at 10.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) 108
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH No DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. C. Slaughter M. D.
June 12, 1932 (Address) Fredricktown
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marquand DATE OF BURIAL 6/12 1932
 20. URBANITAKER J. A. Hornum ADDRESS Marquand

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.

MAY 25 1932

WHITE PRINTING WITH IMPROVED INK—THIS IS A PERMANENT RECORD

