

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

Do not use this space.

24147

**1. PLACE OF DEATH**

County Randolph Registration District No. 735  
Township Sugar Creek Primary Registration District No. 5990  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 145  
St. .... Ward)

**2. FULL NAME Herman B Kroner**

(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 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 Mamie Kroner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31<sup>st</sup> 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Ill.

13. NAME John Kroner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME ANNA WEGKAMP

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Mrs Mamie Kroner  
(ADDRESS) Red Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE 7-20<sup>th</sup> 1933

19. UNDERTAKER Mahon & Son  
(ADDRESS) Moberly, Mo

20. FILED 7-20-33 Thos. S. Fleming  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 1933 to July 18 1933  
I first saw him alive on July 16 1933 Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 1-10-33  
46

Other contributory causes of importance: 46

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? No  
If so, specify .....  
(Signed) W. D. Hamilton, M. D.  
(Address) Boonville 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.

Aug 20 1933

