

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

TYPE OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

LOCAL FILE NUMBER

STATE FILE NUMBER

84

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Marscel Gustive Tronquet					2. Male	3. May 31, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 80	5b. MOS. DAYS	5c. HOURS MIN.	6. Feb. 25, 1889	7a. Sublette	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Boulder		7c. No		7d. -----		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
7b. Fenain, France		9. U. S. A.		10. Married		11. Sylvia O. Sandlin
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 520-38-8544A		13a. Retired		13b. Ranching		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Wyoming	14b. Sublette	14c. Boulder		14d. No	14e. -----	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Gustive				Tronquet	16. Marie Leonie -----	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Richard P. Tanner		17b. Big Piney, Wyoming 83113				
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE						
4279 (a) Ventricular arrhythmia immediate						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) -----						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) -----						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)						
marked aging processes						
AUTOPSY (YES OR NO)						
19a. No						
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
19b. -----						
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. -----		20b. -----		20c. ----- M. 20d. -----	20e. -----	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a. -----		20f. -----		20g. -----		
CERTIFICATION—PHYSICIAN:		MONTH		DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. I ATTENDED THE DECEASED FROM		21b. -----		21c. -----		21d. died
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		
22a. -----		22b. -----		22c. May 31, 1969		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		
23a. J. Thomas Johnston, M. D.		23b. J. Thomas Johnston		23c. M.D.		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		
23a. -----		23b. -----		23c. Pinedale, Wyoming		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION—CITY OR TOWN, STATE		
24a. Burial		24b. Boulder Cemetery		24c. Boulder, Wyoming		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24a. June 3, 1969		24b. Tanner Mortuary		24c. Big Piney, Wyoming 83113		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. Richard P. Tanner		25b. Hazel P. Blaine		26a. June 2, 1969		

THIS IS TO CERTIFY THAT THIS REPRODUCTION IS A TRUE COPY OF A RECORD ON FILE IN THE
DIVISION OF VITAL STATISTICS, WYOMING DEPARTMENT OF PUBLIC HEALTH, CHEYENNE, WYOMING.

LJC

LAWRENCE J. COHEN, M.D.
STATE REGISTRAR

DATE ISSUED JUNE 17, 1969

By

P. Ann R. Amen
DIVISION OF VITAL STATISTICS