OCT 28 1930

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

Do not use this space.

29257

File No.

Registered No. 184

1. PLACE OF DEATH

County Butler Registration District No. 89

Township Poplar Bluff Primary Registration District No. 5731

City (No. St. Ward)

2. FULL NAME Pelahie Mary Aubuchon

(a) Residence. No. Poplar Bluff Rte. 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.

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

12

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Theodore Frances Aubuchon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 12, 1853

7. AGE — YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
77	0	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Genevieve

(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: -- ----- Jannes

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Genevieve

(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Julian David

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Montreal

(STATE OR COUNTRY): Canada

14. INFORMANT: Gus Aubuchon

(Address): Chaffee, Mo.

15. FILED 9/28 1930 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1930 to Sept 27, 1930 that I last saw h[illegible] alive on Sept 27, 1930, and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

8 Hr (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 7 Hrs (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) Alfred A Crow, M. D.

Sept 27, 1930 (Address)

*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
Union Park cemetery	Sept. 29, 30
20. UNDERTAKER	**ADDRESS**
Bisplinghoff Undt. Co.	Chaffee, Mo.