

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

Do not use this space.

40510

1. PLACE OF DEATH

County St. Francois Co. Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
City Mar. Farmington (No.) St. Ward)

2. FULL NAME Fro Aubuchon

(a) Residence. No. St. Ward. Buckley Mrs.
(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch-17-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 75a 8- 15a
1855 mch 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Funch Village
(STATE OR COUNTRY) mo.

10. NAME OF FATHER Lion Aubuchon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Funch Village
(STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Juba Charvill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) mo.

14. INFORMANT Hosp. record
(Address) Marion Farmington

15. FILED 12-3-30 T. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-2-1930

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929, to 12-2, 1930 that I last saw him alive on 12-12-29, 1929, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: -

Broncho Pneumonia

107A
162
..... (duration) yrs. mos. 8 ds.

CONTRIBUTORY Senile Psychosis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P. S. Tate, M. D.

12-3-1930 (Address) Hosp. #4 Farmington 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 DATE OF BURIAL

St Genevieve Mo 12-4-1930

20. UNDERTAKER ADDRESS

John Baker St Genevieve

Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—Every item of information should be carefully supplied.

Jan 22 1931

1930-12-2
1853-3-17
75-8-15

