

Certified

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

Do not use this space.

SEP 13 1934

30590

1. PLACE OF DEATH

94 County *St. Francois*
Township *Cery*
City *St. James* (No. *1000*)

Registration District No. *775*
Primary Registration District No. *6020*

File No.
Registered No. *154* St. Ward)

2. FULL NAME

Clara Rosa Aubuchon

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 16, 1862</i>		
7. AGE	YEARS <i>71</i>	MONTHS <i>7</i>
	DAYS <i>22</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>French Village, Massachusetts</i>		
FATHER	13. NAME <i>Peter Aubuchon</i>	Date of
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Washington County, Mo</i>	
MOTHER	15. MAIDEN NAME <i>Eliza Anne Brickley</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Brickleys Landing, Missouri</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Russ O'Sullivan, Bonne Terre, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>French Village</i> DATE <i>Aug 11, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Benson Hubbs, Bonne Terre, Mo</i>		
20. FILED <i>8/9</i> , 19 <i>34</i> <i>J. G. Bon</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8, 1934*
22. I HEREBY CERTIFY, That I attended deceased from *June 15, 1934* to *Aug 8, 1934*
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at *11:35 A.M.*
The principal cause of death and related causes of importance were as follows:

arterio-sclerosis

97

Date of onset

Confession

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis *Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury X, 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 X

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *R. E. Evans*, M. D.
(Address) *Bonne Terre, Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

