

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.

JUN 29 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19101 a

1. PLACE OF DEATH

County St. Francis
 Township St. Francis
 City St. Francis (No. _____)

Registration District No. 773
 Primary Registration District No. 6018A

File No. _____
 Registered No. 72 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Lora Carrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 1852</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>4</u>
		DAYS
		<u>1</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>French Village, Mo.</u>	
	13. NAME <u>Les Aubuchon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste Genevieve, Mo.</u>	
	15. MAIDEN NAME <u>Julia Charlville</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste Genevieve, Mo.</u>	
	17. INFORMANT <u>Mrs. Lora Aubuchon</u> (ADDRESS) <u>R 3 Farmington, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Calvary</u> PLACE <u>at Farmington</u> DATE <u>May 1931</u>		
19. UNDERTAKER <u>Neiderhues & Co.</u> (ADDRESS) <u>Farmington, Mo.</u>		
20. FILED <u>5-85-31 732</u> <u>J. R. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 22, 1931.
 I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Uremia
131
132B
131
 Other contributory causes of importance:
Chronic Interstitial Nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ①
 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? _____
 If so, specify _____
 (Signed) Geo. L. Waltham, M. D.
 (Address) Farmington, Mo.

Wattkins