

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

6052

5851

1. PLACE OF DEATH

County Henry Registration District No. 350 File No. _____
 Township _____ Primary Registration District No. 3015 Registered No. 100
 City Clinton Mo (No. _____) St. _____ Ward _____

2. FULL NAME Aubrey B Ingston

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 32
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer 2060
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Colburn Mo
 10. NAME OF FATHER James Ingston
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Colburn Mo
 12. MAIDEN NAME OF MOTHER Wm - 1st - 1st
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 1st - 1st

14. INFORMANT (Address) James Ingston Colburn Mo
 15. FILED 4/30 1920 10. 10. 1920 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1920
 17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1920 to Feb 2 1920 that I last saw him alive on Feb 2 1920 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock of auto by train
bursting leg
causing internal
injury
 CONTRIBUTORY (SECONDARY) accident
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Colburn Mo
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W J Stubbins, M. D.
 , 19 (Address) Clinton 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Colburn Mo DATE OF BURIAL Feb 6 1920
 20. UNDERTAKER J E Consolus Clinton Mo ADDRESS _____

K. 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

