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

Do not use this space. 97

34195

1. PLACE OF DEATH

County Jefferson Registration District No. 420 File No.
Township Valle Primary Registration District No. 5514 Registered No. 97
City Rural (No. St. Ward)

2. FULL NAME Clifton J. Aubershon

(a) Residence. No. Rural St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	—

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) 4-27 1927.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby-
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (city or town) Jefferson Co.
(State or country) Mo.

PARENTS

10. NAME OF FATHER Cliford J. Aubershon.
11. BIRTHPLACE OF FATHER (city or town) Washington Co.
(State or country) Mo.
12. MAIDEN NAME OF MOTHER Grace Sannein
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Jefferson Co.

14. Informant Cliford J. Aubershon.
(Address) DeSoto Mo.

15. Filed 10/4 1929 D. H. Rongyley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Oct 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1929, to Oct 2 1929 that I last saw h.... alive on Sept 29, 1929, and that death occurred, on the date stated above, at 2 p. m.

The cause of death* was as follows:

120A

Cholera infantum

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 7 ds.

114A

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) David Ford, M. D

Oct. 8, 1929 (Address) DeSoto 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
Calvary Cemetary	10-3 1929
20. UNDERTAKER	**ADDRESS**
Richardson-Mothershead-	DeSoto Mo

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.

1929