

N. B.—Cause of death 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.

DEC 20 1930

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

Do not use this space.

35319

1. PLACE OF DEATH

County Dade
Township Walnut
City Worland (No.)

Registration District No. 5-6
Primary Registration District No. 5-089

File No.
Registered No. 10
St. Ward)

2. FULL NAME

MARIE AUBRY

(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

F

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

Michel Aubry

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 5-1892

7. AGE

YEARS 38

MONTHS

6

DAYS

4

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

(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)

Belgium

10. NAME OF FATHER

Joseph Pateaux

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Belgium

12. MAIDEN NAME OF MOTHER

Jennie Chardon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Belgium

14.

INFORMANT

(Address)

Michel Aubry
Worland Mo

15.

FILED

Nov 11 1930

H. A. Rhoades

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 9 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1930, to Nov 9, 1930, that I last saw him alive on Nov 8, 1930, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gravemic Convulsions
albumin in urine

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at place of death

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. A. Rhoades, M. D.

, 19 (Address) Foster 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

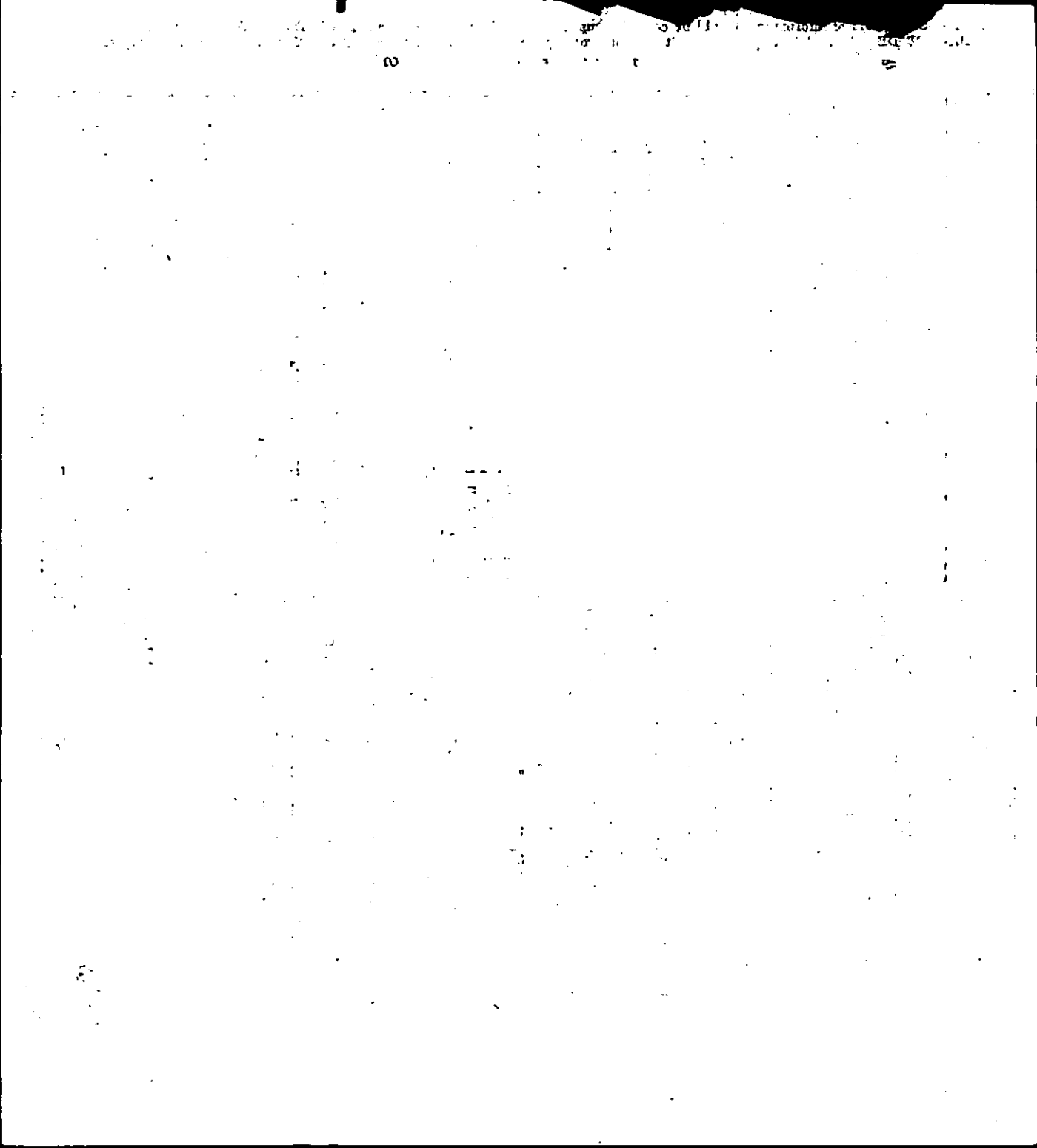
DATE OF BURIAL

Mulberry Nov 11 1930

20. UNDERTAKER

ADDRESS

R. W. McConnell Hume mo



cated by check marks, lacking from the death certificate:

Name: _____

Who died at: _____

on _____

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: _____

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____

Date of _____

Marie Aubrey

Cates Co

Nov. 9, 1930,

129 B

Uremic Convulsions

Albumen in Urine, Nephritis

Age Menopause

It was not General

Every Year

61853-5