

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.

JAN 24 1933

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Joschinn
City Festus (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. 40304
Registered No. 95
St. _____ Ward _____

2. FULL NAME Charles Christopher Aubuchon

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Teresa Mary Aubuchon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8., 1884
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
48 6 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sand Miner 16
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silica Sand Mines
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Festus Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Joseph Aubuchon

14. BIRTHPLACE (CITY OR TOWN) Cadet Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Fannie Parkins

16. BIRTHPLACE (CITY OR TOWN) Palmer Mo (STATE OR COUNTRY) Mo.

17. INFORMANT Wm. Aubuchon (ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 12-31-32 19.

19. UNDERTAKER Duester and Vinyard (ADDRESS) Festus Mo.

20. FILED 12/29/32 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932, to Dec 28 1932

I last saw him alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:
Silicosis Date of onset 2 yrs ago

Other contributory causes of importance: 1140 ①

Name of operation _____ Date of _____
What test confirmed diagnosis? May. & Chm. 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 _____, 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) J. E. Rutledge, M. D.
(Address) Crystal City Mo

