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 9 1935

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

Do not use this space.

43773

1. PLACE OF DEATH
County Montgomery Registration District No. 593
Township Montgomery Primary Registration District No. 5790
City (No. , St. Ward)
File No.
Registered No. 40

2. FULL NAME Mary Aubuchon
(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. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (or) WIFE OF Charles Aubuchon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15-1850
7. AGE: YEARS 84 MONTHS 5 DAYS 29 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home 10 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Same 10 yrs
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

FATHER
13. NAME: Martinek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Jos Aubuchon Wellsville mo.
18. BURIAL, CREMATION, OR REMOVAL: Wellsville DATE Dec. 7 1934
19. UNDERTAKER (ADDRESS): Wellsville mo
20. FILED Dec. 6 1934 Bull Menefee Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 5 1934
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia ?	
Acute Dilatation Rt A Ventricle of the Heart (?)	

Other contributory causes of importance:
Cold 10 yr

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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? No
If so, specify ...
(Signed) James A. Helm, M.D.
(Address) Coroner of Montgomery County New Florence Mo.