

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

Do not use this space.

JAN 20 1936

2650

1. PLACE OF DEATH

County Ripley
Township Douglas
City Douglas (No. _____)

Registration District No. 750
Primary Registration District No. 4451

File No. _____
Registered No. 1749 ¹³
Ward _____

2. FULL NAME

William Russell M. Falls Aubrey

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 43 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Harrett A. Parker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 1867</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>6</u>
		10
		10
		10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tier Limber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER FATHER 13. NAME Wm. Aubrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Clarinda Gitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearis

17. INFORMANT (ADDRESS) Katie Aubrey
Douglas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cem. DATE 1-4-1936

19. UNDERTAKER (ADDRESS) Jordan
Douglas, Mo.

20. FILED Jan 3 1936 E. B. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-36, 1936

22. I HEREBY CERTIFY: That I attended deceased from Jan 1, 1936, to Jan 2, 1936
I last saw him alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 1:40 AM.
The principal cause of death and related causes of importance were as follows:

Labar Incuria
Heart Block

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) J. E. Williams, M. D.
(Address) Douglas Mo

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. If necessary, state cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

