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.

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
County St Francois
Township Perry
City Bonne Terre (No. ..... St. ..... Ward)

Registration District No. 775
Primary Registration District No. 6020 A

File No. 31662
Registered No. 63

2. FULL NAME Unnamed Auburchon
(a) Residence, No. Bonne Terre Mo 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo.

FATHER
13. NAME Arthur B. Auburchon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo.

MOTHER
15. MAIDEN NAME ~~Hattie~~ Nellie Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker Mo

17. INFORMANT (ADDRESS) Arthur B. Auburchon Bonne Terre Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre DATE Aug 4 1937
19. UNDERTAKER (ADDRESS) Caldwell Bros. Flat River Mo.
20. FILED Aug 4 1937 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4 1937
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 8:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) P. L. Evans, M. D.
(Address) Bonne Terre Mo