

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JeffersonRegistration District No. 421Township Primary Registration District No. 4249City Festus(No.)St. Ward 2. FULL NAME Jules B. Aubuchon(a) Residence, No. Festus 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 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Minnie Aubuchon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3., 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Worker10. Date deceased last worked at this occupation (month and year) 192611. Total time (years) spent in this occupation 5512. BIRTHPLACE (CITY OR TOWN) French Village
(STATE OR COUNTRY) Missouri13. NAME Louis Aubuchon14. BIRTHPLACE (CITY OR TOWN) French Village
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Louise Bequette16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Mrs. Lula Thomure
(ADDRESS) Festus Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 11/8/37 193719. UNDERTAKER Duester and Vinyard, Inc
(ADDRESS) Festus Missouri20. FILED 11/10 1937 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6., 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1937, to Nov. 6. 1937.I last saw him alive on Nov. 6. 1937. Death is saidto have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11.37

Other contributory causes of importance:

Mitral Stenosis & regurgitation UnknownName of operation Clinical 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 , 19Where 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? NoIf so, specify J. E. Rutledge 1 M. D.(Signed) J. E. Rutledge(Address) Festus Mo.

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.

