

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

Do not use this space.

36671

1. PLACE OF DEATH

County Vernon Registration District No. 878
 Township Piggswald Primary Registration District No. 4584
 City Sheldon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 12
 St. _____ Ward _____

2. FULL NAME

Mary Rosellen Aubrey
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 8 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. D. Aubrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-26-11
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 10 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeping
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Co. Illinois

10. NAME OF FATHER Benjamin J. Bryan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Ellen Bolinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT (Address) Mrs. G. A. Griggs
Nevada, Mo.

15. FILED Oct 19, 1931 Carroll T. Berry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Oct 17, 1931, that I last saw her alive on Oct 17, 1931, and that death occurred, on the date stated above, at 11:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured injuries from automobile accident
2:00 p.m. (duration) yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) 2/10 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Accident on main to Market Road
 IF NOT AT PLACE OF DEATH north of mile road

DID AN OPERATION PRECEDE DEATH? No. DATE OF with horse drawn vehicle

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Physician's exam
 (Signed) Arthur E. ... M. D.

10/15, 1931 (Address) Sheldon, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sheldon Cemetery DATE OF BURIAL 10-19 1931

20. UNDERTAKER G. B. Berry Sons ADDRESS Sheldon

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.

NOV 28 1931

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