FEB 21 1928

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

Do not use this space. 812

1. PLACE OF DEATH
County Greene
Township Springfield
City Springfield (No. R.F.D. #5 St. Ward)
Registration District No. 318
Primary Registration District No. 5439
File No.
Registered No. 29

2. FULL NAME Anna Laura Houston
(a) Residence. No. R.F.D. #5 SPRINGFIELD, MO. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Calvin Brice Houston
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4-1903
7. AGE: Years 24 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Mo.

PARENTS
10. NAME OF FATHER: Jim Fortner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Unknown Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Calvin Brice Houston
(Address) R.F.D. #5 SPRINGFIELD, MO.

15. FILED 1/14, 1928 O C Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-12 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-7, 1928, to 1-12, 1928, that I last saw her alive on 1-12, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
21 (duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. F. Freeman, M.D.
1/14, 1928 (Address) Springfield 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: Ash Grove Mo.
DATE OF BURIAL: 1-14 1928
20. UNDERTAKER: W. L. Harvey
ADDRESS: Wright Market

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.

Fles
256.50
3.50