

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

Do not use this space.

8638

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No. St. Ward)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. AL

2. FULL NAME

Annanda Katherine Huston

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 10 - 1850

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
78	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Old Worker
(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)

Indianapolis, Ind.

10. NAME OF FATHER

Ben. Blanket

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

Ky.

12. MAIDEN NAME OF MOTHER

Annanda Katherine Ben

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

Ky.

14. INFORMANT (Address)

Alonzo Huston Windsor Mo.

FILED

March 31 1928

Dunning
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 22, 1928, to Mar 31, 1928; that I last saw her alive on Mar 31, 1928, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Flu
107A Flu
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Pneumonia
Pneumonia
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. E. Koffet, M. D.
1928 (Address) Windsor 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

DATE OF BURIAL

Windsor Mo. April 2 1928

20. UNDERTAKER

ADDRESS

W. E. Huston Windsor 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.

1928

