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

Do not use this space.

13120

1. PLACE OF DEATH
County: Iron
Township: Union
City: Annapolis (No. ..... St. ..... Ward)
Registration District No. 390
Primary Registration District No. 5545
File No. .....
Registered No. 4

2. FULL NAME: Carrie Estelle Hosford
(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 7 1915

7. AGE: 13 YEARS, MONTHS: X, DAYS: 14 — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Wm Hosford
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Alton
(STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Nancy Willbanks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fredricktown
(STATE OR COUNTRY): Mo.

14. INFORMANT: Wm Hosford
(Address): Annapolis Mo.

15. FILED: 6/11, 1928 B. C. Gunter
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 22 1928

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to April 22, 1928, that I last saw her alive on April 22, 1928, and that death occurred, on the date stated above, at 2:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
(duration) # yrs. # mos. 4 ds.

CONTRIBUTORY (SECONDARY): Angina Pectoris
(duration) ..... yrs. ..... mos. 3 hrs. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. C. Anson, M. D.
4/22, 1928 (Address) Annapolis 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: Annapolis Missouri
DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: T. N. White & Son
ADDRESS: Ironton 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.

...THIS IS A PERMANENT RECORD