L 25 1928

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

13668-a

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 401 — File No. 13668-a
Township Van Buren — Primary Registration District No. 5556 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Helena Standfast
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andrew J Standfast

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb-28-1853

7. AGE: Years 75 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife
(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): Penn.

PARENTS
10. NAME OF FATHER: X X Bray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: George Standfast
(Address): Oak Grove, Mo.

15. FILED June 10 1928 Mrs Carl Hays, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/25 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1928, to Apr 23, 1928, that I last saw her alive on Apr 23, 1928, and that death occurred, on the date stated above, at 3:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
111B
..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Terminal Pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.

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) Wm B Johnston, M. D
, 19 (Address) Grove Valley 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: Lee Summit Mo — DATE OF BURIAL: 4/27 1928

20. UNDERTAKER: Z O Webb Oak — ADDRESS: Grove 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.