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.

SEP 29 1927

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

Do not use this space.

24890

1. PLACE OF DEATH

County: Marion — Registration District No.: 547

Township: ~~Marion~~ — Primary Registration District No.: 3029

City: Hannibal (No. 922 Vermont St., 6 Ward)

File No.:

Registered No.: ~~238~~ 239

2. FULL NAME Annie Michaels

(a) Residence. No. 922 Vermont St., 6 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1-1871

7. AGE: Years 56, Months 5, Days 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: International

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Co. Shoe Worker

(c) Name of employer: International Shoe Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockport Ill

PARENTS

10. NAME OF FATHER: Rueben Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

12. MAIDEN NAME OF MOTHER: Martha Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Mrs. Grover Wright (Address) Hannibal Mo.

15. FILED 8/31, 1927 C E Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/30 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1927, to Aug-29, 1927 that I last saw her alive on Aug-29, 1927 and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Bladder

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): General metastasis

(duration) yrs. mos. 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) W. F. Francka M. D

, 19 (Address) 1209 Market St. Hannibal 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: [illegible] — DATE OF BURIAL: 9/1 1927

20. UNDERTAKER: Schwartz Funeral Home — ADDRESS: Hannibal Mo