

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33179

1. PLACE OF DEATH

County DeHart
Township Porter
City Union Star (No. _____)

Registration District No. 21161
Primary Registration District No. 5550

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Annilda E Haddix

(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 12 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) widowed

5A. ~~WIDOWED, WIDOWED, OR DIVORCED~~
HUSBAND OF _____
(or) WIFE OF A J. Haddix

6. DATE OF BIRTH (MONTH DAY AND YEAR) Jan 6 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 | 9 | 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sentry Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Shedrick Drum

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

12. MAIDEN NAME OF MOTHER Martha Hunt

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

14. INFORMANT Walter Haddix
(Address) Union Star Mo

15. FILED 10/19/28 E M Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 18th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1927 to October 18th 1928 that I last saw her... alive on October 17th 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma of bladder & rectum
46U
5313

(duration) Over yrs. 6 mos. _____ da.
CONTRIBUTORY (SECONDARY) 49
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? subjective symptoms
(Signed) A J. Barnes, M. D.
10/19, 1928 (Address) Union Star Missouri

*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 Union Star cem DATE OF BURIAL Oct 20 1928

20. UNDERTAKER William Stanton ADDRESS Atchison Mo

1881
11

1

1

1

1

1

1

1

1

1

1

1

1

1