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.

File No. 7411
Registered No. 207

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME: Fannie Michael

(a) Residence, No. 211 1/2 No. 21st. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Charles M. Michael,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan'y. 23, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	68	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Souix City, Iowa, 2

FATHER

13. NAME: Isaac Haas,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany, 10

MOTHER

15. MAIDEN NAME: Emma Ehrman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati, Ohio, 2

17. INFORMANT (ADDRESS): Mrs. Ed Ettenson, 211 1/2 No. 21st. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Adath Joseph DATE: Mch. 4th, 1932

19. UNDERTAKER (ADDRESS): Heaton-Belgee & Bowman, 319 S. 10th St. Funeral Home

20. FILED: MAR 3 1932 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Mar. 2, 1932
I last saw h. alive on Mar. 1, 1932. Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Gall Bladder	
Stone in common duct	6 Mo
1216	
131	
970	

Other contributory causes of importance:

Chronic Myocarditis	3 yrs
Incontinent Bladder	3 "

Name of operation: Cholecystectomy Date of: Mar. 1-32
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. L. Selman, M. D.
(Address) St. Joseph Mo.