Register of Deaths

Town / in the Village of / City ...Albion..., County of ...Orleans..., State of New York **59**

(No. .... St.; .... Ward) Registered No. 51
[If death occurred in a hospital or institution, give its NAME instead of street and number]

[2] Full Name: Anna Szybanski Romanski

(18a) Residence No. 16 Densmore St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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: John Romanski

[6] Date of Birth: July (Month) 26 (Day), 1854 (Year)

[7] Age: 70 yrs. 1 mos. 1 ds. If LESS than 1 day, how many hrs. or min.?

[8] Occupation
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

[9] Birthplace (City or Town): Popor
(State or Country): Germany

PARENTS

[10] Name of Father: John Szybanski

[11] Birthplace of Father (City or Town)
(State or Country): Germany

[12] Maiden Name of Mother: Kattie Narkowski

[13] Birthplace of Mother (City or Town)
(State or Country): Germany

[14] The above is true to the best of my knowledge
(Informant): Mrs Frank Crane
(Address): Albion N.Y

[15] Filed: Aug 29, 19 24 Thos Hunt, Registrar

MEDICAL CERTIFICATE OF DEATH

[16] Date of Death: Aug (Month) 29 (Day), 1924 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from July 20, 1924, to Aug 29, 1924
that I last saw her alive on Aug 28, 1924
and that death occurred on the date stated above, at .... m. The cause of death* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 9 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

[18b] 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 G Cooper M. D.

Aug 29, 1924 (Address) Albion N.Y

*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: St Joseph's Cem

[21] Date of Burial: Aug 30, 1924

[20] Undertaker: McMall & McMall Address: Albion

Burial or Transit Permit issued by: Thos Hunt Date of Issue: Aug 29 '24