

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.

JUN 22 1932

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

Do not use this space.

18900

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
 1 Township Primary Registration District No. 3009
 8 City (No. St. Francis Hospital) St. Ward)

File No.
 Registered No. 137

2. FULL NAME

Emit J. Path
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Path
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Cape Girardeau Mo

MOTHER FATHER 13. NAME F. W. Path

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Maria Karaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Emma Path (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE June 14, 1932

19. UNDERTAKER Barber F. N. Co (ADDRESS) Cape Girardeau

20. FILED 6-13-32 W. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1932
 22. I HEREBY CERTIFY That I attended deceased from June 10th, 1932, to June 12, 1932
 I last saw him alive on June 12, 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Peritonitis Date of onset June 11-32
4660
 Other contributory causes of importance: Ruptured gall bladder and carcinoma of liver

Name of operation Exploratory Date of 6/11/32
 What test confirmed diagnosis? Aspiration Was there an autopsy? Yes

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) Wm H. Wescoat, M. D.
 (Address) 626 Grand Street
Cape Girardeau Mo

