

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

Do not use this space.

418

1. PLACE OF DEATH

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

File No. 2
Registered No. 2

2. FULL NAME Emilia Palack

(a) Residence. No. 3237 Fair St. Ward. 1
(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 F 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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 15

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) Her Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) mo.

10. NAME OF FATHER August J. Inappell

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

12. MAIDEN NAME OF MOTHER Emilia Haupf

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

14. INFORMANT E. D. Palack
(Address) Cape Girardeau

15. FILED 1/15 1924 R. B. Behrens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1924

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1923, to Jan 12, 1924 that I last saw him alive on Jan 12, 1924, and that death occurred, on the date stated above 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of liver

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Schwen, M. D.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lorimer Cem. DATE OF BURIAL Jan 14 1924

20. UNDERTAKER Brinkhoff ADDRESS Cape Girardeau