

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 300

File No. 94310
Registered No. 469

Primary
Dist No. 23-05-61

1. PLACE OF DEATH:

(a) County Delaware
(b) City, town or township Upper Darby
(c) Name of hospital or institution:
D.O.A. Del. Co. Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County Del.
(c) City or town Upper Darby
(If outside city or town limits, write RURAL)
(d) Street No. 6928 Market Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME Morris Charles Rath

3. (b) If U. S. Veteran, _____ 3. (c) Social Security
complete reverse side No. _____
of certificate.

4. Sex M. race W. 5. Color or _____ 6. (a) Single, widowed, mar-
ried, divorced Married
6. (b) Name of husband or wife Edna May Morton 6. (c) Age of husband or wife
if alive 54 years
7. Birth date of deceased Dec. 25 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months _____ Days _____ If less than one day
hr. _____ min.

9. Birthplace Mobetee Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Sporting Goods Store

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Rath
13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Nesbitt
15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna M. Rath
(b) Address 6928 Market St., Upper Darby, Pa.

17. (a) Burial (b) Date thereof Nov. 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arlington

18. (a) Signature of funeral director George E. Juppitzer
(b) Address Drexel Hill, Pa.

19. (a) 11-19-45 (b) Mary Macler Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Nov. day 18
year 1945 hour 11.20 A minute _____
21. I HEREBY CERTIFY, That an Investigation was held upon the
body of the above named deceased on the 18 day of
Nov., 1945; that the Doctor rendered a verdict
giving the cause of death as follows:

Immediate cause of death _____
Gun Shot wound to Brain
Due to SUICIDAL
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)
Major findings:
Of operations _____
Of autopsy 164C

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial
place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature George E. Juppitzer Coroner
Address Drexel Hill, Pa. Date signed Nov. 18, 1945

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE IN-
STRUCTIONS ON BACK OF CERTIFICATE.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE