T 26 1928

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

Do not use this space.

30363

1. PLACE OF DEATH

County: Jackson — Registration District No. 398 — File No.

Township: Blue — Primary Registration District No. 3019 — Registered No. 344

City: Independence (No. ..., ... St. ... Ward)

2. FULL NAME Edward Nazer

(a) Residence. No. 515 South Pleasant (Usual place of abode) ... Ward. ... (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvina Nazer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 14 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	71	7	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 5 years

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mitemmers

(STATE OR COUNTRY): Switzerland

PARENTS

10. NAME OF FATHER: Charles Nazer

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mitemburo

(STATE OR COUNTRY): Switzerlan

12. MAIDEN NAME OF MOTHER: Anna Hurentubler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lake City

(STATE OR COUNTRY): Mitel

14. INFORMANT: Emile Nazer

(Address): 515 So. Pleasant

15. FILED 9/28 1928 F. L. Cook, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 24 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

9 d

9 d (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

(5) DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical History & Findings

(Signed) Glenn Garrison, M. D.

9/24 1928 (Address) Deputy Coroner

*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	DATE OF BURIAL
Mound Grove	9-26 1928
20. UNDERTAKER	**ADDRESS**
E. D. Carson & Son	Independence

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.