

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

Do not use this space.

4917

1. PLACE OF DEATH

County Saline
Township Arrow Rock
City (No.)

Registration District No. 798
Primary Registration District No. 6035B

File No.
Registered No.
St. Ward

2. FULL NAME

Louis N. Schler

(a) Residence. No. St. Ward
(Usual place of abode)

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 Olga Schler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 10 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Charles Schler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Furman Cross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Mrs Olga Schler
(Address) Nelson 7250

15.

FILED 9/14, 1929 Mrs. Hall Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929 to Jan 7, 1929, and that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
53E Diagonia of left thigh with metastatic tumor in general lower abdomen
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept June 18
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? I Chlamydia
(Signed) Lee J. Chum M. D.
9, 1929 (Address) Nelson 7250

*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

Arrow Rock Bur Jan 10 1929
20. UNDERTAKER ADDRESS
R. W. Campbell Marshall

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.

10-21-20