

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

Do not use this space.

28708

**1. PLACE OF DEATH**

County Lafayette  
Township Clay  
City (No. ....) .....

Registration District No. 466  
Primary Registration District No. 2622C

File No. ....  
Registered No. 14  
St. .... Ward

**2. FULL NAME**

Chas W. S. Nadler

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 10, 1864</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>9</u>
	DAYS <u>16</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>Farmer</u>	
	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) <u>Wemyss, Oregon</u>		
FATHER	13. NAME <u>John Nadler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Hunsath</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs Chas W. S. Nadler Wellington, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellington, Mo</u> DATE <u>Aug 29, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Forest Cemetery Wellington, Mo</u>		
20. FILED <u>Aug 25, 1931</u> <u>R. B. Watts</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930 to Aug 26, 1931

I last saw him alive on Aug 26, 1931. Death is said to have occurred on the date stated above, at Wellington, Mo.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Other contributory causes of importance

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

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) R. B. Watts, M. D.

(Address) Wellington, Mo

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.

SEP 22 1931

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