

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

24176

1. PLACE OF DEATH
 County St Charles
 92 Township Genevieve
 City Augusta Mo (No. _____) Registration District No. 725
 Primary Registration District No. 996a
 File No. _____
 Registered No. 9
 St. _____ Ward _____

2. FULL NAME Clara Marie Nadler
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WHOOWED, OR DIVORCED
 HUSBAND OF George Nadler Sr
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1968

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) Germany

13. NAME Fred Schemerin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Teltorst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Geo Nadler
 (ADDRESS) Augusta Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Augusta Mo DATE July 17 1933

19. UNDERTAKER Chas. A. Hunsberg
 (ADDRESS) Augusta Mo

20. FILED July 11 1933 M. Allie Strodt
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 8 1933 to July 10 1933
 I last saw him alive on July 9 1933. Death is said to have occurred on the date stated above, at 9 A m.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset July 1/33
46
1077 4 1/2
Cancer of Gall Bladder 7 months

Other contributory causes of importance:
Cancer of Gall Bladder

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 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) Calvin C. Gray _____ M. D.
 (Address) Augusta Mo

23 10 10 10

