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.

7267

1. PLACE OF DEATH

4 County Audrain — Registration District No. 26 — File No.

4 Township ~~Sou~~ Salt River — Primary Registration District No. 3002 — Registered No. 30

7 City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Mathias Nauser

(a) Residence, No. 216a W. Promenade St., 3rd Ward. (If nonresident, give city or town and State)
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) ~~WIFE~~ OF: Dora Nauser.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20, 1850

7. AGE: YEARS 81 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Switzerland. 26

FATHER

13. NAME: Andrew Nauser.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland.

MOTHER

15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown. 31

17. INFORMANT (ADDRESS): Harry J. Jones, Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Mount Nebo Boone County DATE Mar. 21 1932

19. UNDERTAKER (ADDRESS): H. A. Preck & Son, Mexico Mo.

20. FILED March 21st 1932 Ira S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-19-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1932, to 3-, 1932

I last saw him alive on 3-18-32, 19..... Death is said to have occurred on the date stated above, at 5 P.M.

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

	Date of onset
Interstitial Nephritis (Chronic)	131
	9
	9

131

Other contributory causes of importance:
Myocarditis
Senile arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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: No injury

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Hanison, M. D.

(Address) Mexico Mo