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

Do not use this space.

14084

File No.
Registered No.

1. PLACE OF DEATH
County: Osage
Township:
City: Chamois (No. St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Matilda Nahler
(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. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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

MAY 22 1933

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 19 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	8	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife
(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): germany

PARENTS
10. NAME OF FATHER: Joseph Metzner
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): germany
12. MAIDEN NAME OF MOTHER: Catherine Hoffman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): germany

14. INFORMANT: Elizabeth Martin
(Address): Chamois Mo.

15. FILED: 5/1, 1933 Esther Souder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 28 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan —, 1933, to April 28th, 1933, that I last saw h. alive on April 26th, 1933, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis Renal & Cardiac
Heart Block
(duration) 3 yrs. mos. — ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. F. Biesemeyer, M. D.
, 19 (Address) Chamois Mo.

*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: Catholic Cemetery Chamois
DATE OF BURIAL: May 1 1933

20. UNDERTAKER: Seaton Pewitt
ADDRESS: Chamois Mo.