P 25 1929
49
10
5

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

Do not use this space.

28123

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Galena — Primary Registration District No. 2002 — Registered No. 362
City Joplin (No. St Johns Hospital St. Ward)

2. FULL NAME Robert Le Roy - Mael.
(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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Mael

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 - 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
34	11	9	

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) Iowa

PARENTS
10. NAME OF FATHER John Mael
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Chapman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Grace Mael (Address)

15. FILED 8-30, 1929 A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/28 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/27, 1929, to 8/28, 1929 that I last saw him alive on 8/27, 1929 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
122B
(duration) yrs. mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/27/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H C Powers, M. D.
8/28, 1929 (Address) Joplin 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	DATE OF BURIAL
Sarcoxie Cemetery	8-30 1929

20. UNDERTAKER	ADDRESS
Sarcoxie Wood Co	Sarcoxie 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.