

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

Do not use this space.

13627

File No. 48
Registered No. 218
St. _____ Ward _____

1. PLACE OF DEATH

71 County Cooper Registration District No. 218
Township _____ Primary Registration District No. 3015
City Boswell (No. _____)

2. FULL NAME Wynige RAE Meale

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) 811 - Fourth St. (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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1849

7. AGE YEARS MONTHS Days IF LESS than 1 day, _____ hrs. or _____ min.
81 7 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 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) Morgan Co. Mo!

10. NAME OF FATHER Micha Meale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

12. MAIDEN NAME OF MOTHER Nancy Amick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Wm Viertel (Address) Boswell Mo

15. FILED 5/7 1931 Garussell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23-1931

17. I HEREBY CERTIFY, That I attended deceased from Apr - 23 - 1931, to Apr - 23 - 1931, that I last saw him alive on Apr - 23 - 1931, and that death occurred, on the date stated above, at 11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia
17 1/2 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Urterial emphysema (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 157 (duration) _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? 170 (Signed) Ortbecken M. D.

Apr 28 1931 (Address) Boswell, 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 Boswell, Mo DATE OF BURIAL 4/26 1931
Walnut Grove Cem.

20. UNDERTAKER Goodman & Balle ADDRESS Boswell Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 23 1931

A. H. Cochran