

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

Do not use this space.

9667

1. PLACE OF DEATH

County Marion Registration District No. 546
Township Johnson Primary Registration District No. 5735
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Mesley Winfield Meddell

(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. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Bertha Weddell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1861
7. AGE YEARS 72 MONTHS 6 DAYS 16 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Ind.

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Bertha Meddell
(ADDRESS) Wesley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg Mo DATE 3/14/1934

19. UNDERTAKER Lee Johnson
(ADDRESS) Newburg Mo

20. FILED Mar 20, 1934 Sam A. Warner
Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1934

22. I HEREBY CERTIFY That I attended deceased from Mar 12, 1934, to Mar 13, 1934
I last saw him alive on Mar 12, 1934 Death is said to have occurred on the date stated above, at 10 P m.

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

Cerebrovascular
arteriosclerosis
Heart
124R
1934
Other contributory causes of importance: No history

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____

If so, specify _____

(Signed) O. J. Jones, M. D.
(Address) Wesley 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.

APR 25 1934

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