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

Do not use this space.
16199
File No.
Registered No. 7

1. PLACE OF DEATH
County Franklin — Registration District No. 295
Township Boone-South — Primary Registration District No. 5415a
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John C. Mincemeyer
(a) Residence No. ..... St., ... 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hannah Mincemeyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 27 1857
7. AGE: Years 75 Months 8 Days 14. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Bracinovil Tho

FATHER
13. NAME: Christian Mindemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Anna Klybi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Elmer Mincemeyer Leslie Mo.
18. BURIAL, CREMATION, OR REMOVAL: Leslie Mo Cem DATE May 13 1933
19. UNDERTAKER (ADDRESS): H. H. Jeffries Beaufort Mo.
20. FILED May 13th 1933 Jas P. Dunigan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 11, 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr. 9 1933 to May 11, 1933
I last saw him alive on May 9, 1933. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Uncertain
Pneumonia	
Other contributory causes of importance: Influenza & Bronchitis	May '33

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) J. R. Matthews, M. D.
(Address) Beaufort Mo.

JUN 22 1933

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.