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.

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

Do not use this space.

39463

JAN 26 1934

1. PLACE OF DEATH
County Charlton
Township Brunswick
City Brunswick (No. ..... , ... St. ..... Ward)

Registration District No. 169
Primary Registration District No. 4098

File No. .....
Registered No. 63

2. FULL NAME JOHN A. MORTIMEYER

(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. J A Mortimeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1854

7. AGE: YEARS 79 | MONTHS 9 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Brunswick Mo.

FATHER
13. NAME John H. Mortimeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Cora Brammer Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo DATE Dec 31 1933

19. UNDERTAKER (ADDRESS) L W Keisel Brunswick Mo

20. FILED Dec. 30 1933 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1933, to Dec. 29, 1933
I last saw him alive on Dec. 29, 1933 Death is said to have occurred on the date stated above, at 12 45 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Miocarditis	
[illegible]	
[illegible]	
[illegible]	
Other contributory causes of importance: Arteriosclerosis	

9301

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Harry E. Tatum, M. D.
(Address) Brunswick, Mo.