

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

Do not use this space.

REC'D AUG 24 1938

**1. PLACE OF DEATH**

County Chariton  
 21 Township Brunswick  
 1 City Brunswick (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 169  
 Primary Registration District No. 4098

File No. 25019  
 Registered No. 15

**2. FULL NAME**

EDWARD W. MORTIMEYER 63

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Leona Mortimeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-29-1880</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	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) <u>Brunswick Mo.</u>		
FATHER	13. NAME <u>Wm Mortimeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Meyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo.</u>	
17. INFORMANT <u>Edwin Mortimeyer</u> (ADDRESS) <u>Jefferson City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo.</u> DATE <u>July 6 1938</u>		
19. UNDERTAKER <u>L. M. Brisk</u> (ADDRESS) <u>Brunswick Mo.</u>		
20. FILED <u>July 5 1938</u> <u>W. T. F. F. F.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from November 19 1937 to July 4 1938

I last saw deceased alive on July 4 1938. Death is said to have occurred on the date stated above, at 10:55 A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

9291

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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) John M. Nelson M. D.

(Address) Brunswick Mo.

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.

