

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

Do not use this space.

41318

**PLACE OF DEATH**

County Linn  
Township Grantville  
City Grantville (No. 00000000)

Registration District No. 504  
Primary Registration District No. 5667

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

John F. Gruser  
(a) Residence No. Near Sully, Linn County, Mo Ward \_\_\_\_\_

Length of residence in city, town or where death occurred 80 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 Elizabeth Fisher - Geyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3 - 1843

7. AGE YEARS 80 MONTHS 8 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) General Farming  
(c) Name of employer Stock man

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Dowell Geyer

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

12. MAIDEN NAME OF MOTHER Elizabeth Ann McCord

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

14. INFORMANT Cora E. Ratta - (daughter)  
(Address) Brookfield Mo.

15. FILED Jan 10, 1930 U. C. Dreyfus  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1929, to Dec. 6, 1929 that I last saw him alive on Dec. 5, 1929, and that death occurred, on the date stated above, at 11 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Delirium  
82 A  
97  
(duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) E. D. Gandy, M. D.

(Address) Brookfield 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 Dear Branch Cem. Linn County Mo DATE OF BURIAL Dec 8th 1929

20. UNDERTAKER M. G. Rusk ADDRESS Brookfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

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