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.

25693

1. PLACE OF DEATH
24 County Clay — Registration District No. 198 — File No.
2 Township Fishing River — Primary Registration District No. 3011 — Registered No. 110
4 City Excelsior Springs, Mo. (No. Veterans Administration Hospital St. 3rd Ward)

2. FULL NAME GOETZINGER, Peter C.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. Templeton, Iowa.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 0 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: Marie Bawek Goetzinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 22 1893

7. AGE: YEARS 38 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rosella Iowa 2

FATHER
13. NAME: Nicholas Goetzinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Elizabeth Freidman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa 2

17. INFORMANT (ADDRESS): Hospital Records, Veterans Hospital Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Templeton Ia DATE Aug 29 1932

19. UNDERTAKER (ADDRESS): John C Prasher Excelsior Spgs Mo

20. FILED 8/29 1932 Y. D. Craven Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 27 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1932, 19..., to Aug. 27 1932, 19...
I last saw him alive on Aug. 27 1932, 19... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease, type undetermined

92A
75A

Date of onset

Other contributory causes of importance:
Psychosis intoxication, delirium tremens

Name of operation none Date of
What test confirmed diagnosis? Exam. 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) [signature], M. D.
(Address) Excelsior Springs, Mo.