

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

Do not use this space.

18744

1. PLACE OF DEATH
 112 County Webster Registration District No. 894
 2 Township Marshfield Primary Registration District No. 4542
 6 City Marshfield (No. _____) St. _____ Ward _____
 2. FULL NAME Peter J. Grutzius
 (a) Residence, No. 2640 St. George St. _____ Ward. Los Angeles, California
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred X yrs. X mos. X 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1905
 7. AGE YEARS 28 MONTHS 1 DAYS 13 If LESS than 1 day, X hrs. or X min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage 210
 10. Date deceased last worked at this occupation (month and year) May 19 - 1933 11. Total time (years) spent in this occupation 5
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steger, Illinois
 FATHER 13. NAME John Grutzius
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luxenburg, Germany
 MOTHER 15. MAIDEN NAME Margaret Barthel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luxenburg, Germany
 17. INFORMANT (ADDRESS) John Grutzius
 18. BURIAL, CREMATION, OR REMOVAL PLACE For Hazelton DATE 5/24
 19. UNDERTAKER (ADDRESS) See names
 20. FILED 5/29/33 J. W. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on May 23 1933 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Suddenly killed by
a wound on back of
the head, by motor vehicle
accident in automobile
collision on High 66
 Other contributory causes of importance:
1 1/2 miles west of Marshfield Mo.
210
 Name of operation none Date of _____
 What test confirmed diagnosis? view Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury May 23 1933
 Where did injury occur? on highway 66 near
marshfield (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Thrown from automobile
 Nature of injury Fracture skull
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John W. Good
 (Address) Goodland, Missouri

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.

JUN 24 1933

3
2
10
10

