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

Do not use this space.

36577

1. PLACE OF DEATH
County: Gasconade
Township: Richland
City: (No. ... St. ... Ward)
Registration District No. 304
Primary Registration District No. 5421
File No. 731
Registered No.

2. FULL NAME: Frank Whithaus

(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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 12 - 1886

7. AGE: 42 Years | 2 Months | 18 Days | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage Co.

PARENTS
10. NAME OF FATHER: Fred Withaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Warren Co
12. MAIDEN NAME OF MOTHER: Sarrah Schuster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Warren Co

14. INFORMANT (Address): Albert Whithaus

15. FILED 12-5, 1928 F. L. Kicker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-30 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-25, 1928, to 11-30, 1928, that I last saw h. alive on 11-29, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia

108 [illegible] (duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Howard Workmann, M. D
, 19 (Address) Pershing 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: Morrison Mo
DATE OF BURIAL: 12/3 1928

20. UNDERTAKER: Arnold Hammert
ADDRESS: Morrison Mo

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.