G 28 1949

2 1928

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

Do not use this space.

37403

1. PLACE OF DEATH

County Lafayette — Registration District No. 2460 — File No.

Township Dover — Primary Registration District No. 5623-03 — Registered No. 94

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Howard James Witthar

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 4th 1926

7. AGE: 2 YEARS — MONTHS: 2 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Dover, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Leonard Witthar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dover, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Bertha Hoflicker

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

14. INFORMANT John Witthar
(Address) Higginsville, Mo.

15. FILED 11-22, 1928 Bessie P Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 19 Nov, 1928, to 20 Nov, 1928 that I last saw h... alive on Nov 19, 1928, and that death occurred, on the date stated above, at 6 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Membranous Croup

10 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W G Harwood, M. D

, 19 (Address) Dover 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: Dover Cemetary — DATE OF BURIAL: 11/22/28. 19

20. UNDERTAKER: A S Hodge — ADDRESS: Higginsville, 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.