

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

Do not use this space.

41934

JAN 25 1929

1. PLACE OF DEATH

County Osage
Township Benton
City Osage

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward)

2. FULL NAME Louis W. Whitthaus

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) December 31, 1888

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>39</u>	<u>11</u>	<u>16</u>	

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) Osage Co., Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Fritz W. Whitthaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Albert F. Whitthaus
(Address)

15. FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 17 1928

17.

I HEREBY CERTIFY That I attended deceased from 12/11, 1928, to 12/17, 1928 that I last saw him alive on 12/13, 1928, and that death occurred, on the date stated above, at Osage Co., Mo.

THE CAUSE OF DEATH** WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. da. 8

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Howard Fortney M. D.

, 19 (Address) Osage Co.

*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 DATE OF BURIAL

Stegerson Cemetery 12-19 1928

20. UNDERTAKER ADDRESS

Type Undertaking Co Morrison Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100-10-10000

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

ALL INFORMATION CONTAINED
HEREIN MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Osage Registration District No. 639 File No. _____
 Township Benton Primary Registration District No. 5848 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Louis W. Schuthaus

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 17 19 28

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

17. I HEREBY CERTIFY That I attended deceased from _____
 12/11/1928 to 12/17/1928
 that I last saw him alive on 12/11, 1928, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 31 1888

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 11 16

Total Pneumonia

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 _____

Influenza (duration) _____ yrs. _____ mos. 6 ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. 8 ds.

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

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

10. NAME OF FATHER Henry W. Schuthaus

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

WAS THERE AN AUTOPSY? no.

12. MAIDEN NAME OF MOTHER do not know

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Howard W. Roberson, M.D.
 , 19 (Address) Perching Mo.

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

*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.

14. INFORMANT Albert F. Schuthaus (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ferguson Cemetery DATE OF BURIAL 12-19 19 28

15. FILED 1-9 19 29 L. E. Sander REGISTRAR

20. UNDERTAKER Pope Undertaking Co. ADDRESS Union Mo.

REMARKS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY. AGE should be stated EXACTLY. AGE should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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