

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

Do not use this space.

15819

MAY 26 1930

1. PLACE OF DEATH

County GASCONADE
Township HERMANN
City HERMANN (No. _____)

Registration District No. 303
Primary Registration District No. 4182

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

HUGO WITTHAUS

(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 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adelia WITTHAUS</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>MAR 4-1882</u>				
7. AGE <u>48</u>	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work LABORER

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) BERGER MO
(STATE OR COUNTRY)

10. NAME OF FATHER "UNKNOWN" WITTHAUS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT Adelia Witthaus
(Address) Hermann Mo -

15. FILED 5-12 1930 Anna Kishoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to May 10, 1930.
that I last saw him alive on May 9, 1930, and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

825

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) 17401
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

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

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. Goughill, M. D.
5/11 1930 (Address) Hermann 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 Hermann City Cem. DATE OF BURIAL 5/12 - 1930

20. UNDERTAKER Herman Blumer ADDRESS Hermann 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.

11

12