

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.

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

Do not use this space.

849

PLACE OF DEATH

County Franklin Registration District No. 197
Township Washington Primary Registration District No. 3016
City Washington (No.) St. Ward (.....)

2. FULL NAME Fritz Holthaus
(a) Residence, No. Corner 2nd & Locust, Street 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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adah Crowe</u> <u>1886</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22nd 1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>7</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo</u>		
FATHER	13. NAME Fritz Holthaus	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo</u>	
	15. MAIDEN NAME Maggie Boehmer	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Mary Holthaus Hahn</u> (ADDRESS) <u>2nd & Locust Str</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Catholic Cemetery</u> PLACE <u>Washington Mo</u> DATE <u>1.23</u> 19 <u>31</u>		
19. UNDERTAKER <u>Otto & Co</u> (ADDRESS) <u>Washington Mo</u>		
20. FILED <u>Jan 21 1931</u> Registrar <u>O. L. Munn</u>		

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw him alive on, 19, Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs Date of onset
Long Standing
237
237
Other contributory causes of importance:
Haemorrhage 237 (5)

Name of operation Date

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? Washington
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury ix

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Yes
(Signed) Thos. P. Shaffer Crowe M. D.
(Address) Sullivan mo

