

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

Do not use this space.

39205

1. PLACE OF DEATH
County Gasconade
Township Richland
City (No.)

Registration District No. 304
Primary Registration District No. 5421

File No.
Registered No. 33
St. W.

2. FULL NAME Julius Withaus

(a) Residence No. St. Ward.
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 18

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

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Warrens County Mo

10. NAME OF FATHER Wm Withaus

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

12. MAIDEN NAME OF MOTHER Anderson

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

14. INFORMANT Rudolph Withaus
(Address) Morrison Mo

15. FILED 12-19-35 E. S. Kicker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1935 to Dec 12 1935
that I last saw him alive on Dec 12 1935, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke of apoplexy and
acute dilation of heart
(duration) last three weeks mos. ds.

CONTRIBUTORY (SECONDARY) High Blood Pressure and
old age (duration) last 10 years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood pressure 220 x

(Signed) John Williamson M. D.

, 19 (Address) Morrison 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 Good Hope Cemetery

DATE OF BURIAL 12-14-35

20. UNDERTAKER Amold Hummert

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.

RECORD WITH CHANGING INK—THIS IS A PERMANENT RECORD

