

OV 24 1928

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

Do not use this space.

35901

1. PLACE OF DEATH

County NorthRegistration District No. 903

File No. _____

Township _____

Primary Registration District No. 4545Registered No. 70City Grant City (No. _____)

St. _____

Ward _____

2. FULL NAME Lena Bitton

(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. 7 mos. _____

da. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

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

Samuel Bitton

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

March 22, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

77620

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

at home with daughter

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

10. NAME OF FATHER

S. D. Lumsden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Samuel Bitton
1819 W. 34th St. Omaha

15.

FILED

Nov 10 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct. 12 1928

17.

I HEREBY CERTIFY, That I attended deceased from Oct 10 to Oct 12, 1928that I last saw her alive on Oct 11, 1928, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage82517401

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

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) S. J. Hase

M. D.

, 19 (Address) Grant City 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

DATE OF BURIAL

Greenfield Cem.Oct. 15, 1928

20. UNDERTAKER

ADDRESS

Arch C. DuffeeGrant City 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.

PERMANENT RECORD

