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

Do not use this space. 238

1. PLACE OF DEATH
County: Boone — Registration District No.: 76 — File No.: 1
Township: Cedar — Primary Registration District No.: 5110 B — Registered No.:
City: Wilton (No. ..... St. ..... Ward)

2. FULL NAME: Jacob Ewing Bittle
(a) Residence. No. Wilton 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

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~~ Loretta Ann Bittle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 22 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	13	

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: 0

9. BIRTHPLACE (CITY OR TOWN): Miller Co.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Do not Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Do not Know
12. MAIDEN NAME OF MOTHER: Do not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Do not Know

14. INFORMANT: Alfred Bittle
(Address): Sassing Mo

15. FILED: 1/6, 19 29 — J. A. Wiemeyer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jany 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: II A
Influenza 10 9 A
(duration) yrs. mos. 22 ds.

CONTRIBUTORY (SECONDARY): Pneumonia 12
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) L. P. Wiegen, M. D
, 19 (Address) Sassing 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: Goshen Cemetary — DATE OF BURIAL: Jan 6th 1928
20. UNDERTAKER: R. Allcott — ADDRESS: Columbia

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.