

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

Do not use this space.

26691

3295

1. PLACE OF DEATH

County Ray Registration District No. _____
 Township Ray Primary Registration District No. _____
 City Raymond City (No. Raymond Hospital 631 Schaffner) St. _____ Ward _____

2. FULL NAME

Bittner, Jerome Gregory Jr.
 (a) Residence. No. 631 Schaffner Ave St. 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 5

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 _____

9. BIRTHPLACE (CITY OR TOWN) Richmond Heights
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jerome G. Bittner Sr.

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

12. MAIDEN NAME OF MOTHER Ellie Dolan

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

14. INFORMANT J. G. Bittner Sr.
 (Address) 631 Schaffner Ave Raymond City Mo

15. FILED 8/9, 1930 W. J. Cracker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1930, to Aug 9, 1930 that I last saw him alive on Aug 9, 1930, and that death occurred, on the date stated above, at 3:35 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spinal meningitis
(Epidemic.)
 (duration) yrs. mos. ds. 3 mos 7 ds.
 CONTRIBUTORY Malignant dysentery
 (SECONDARY) (duration) yrs. mos. ds. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID OPERATION PRECEDE DEATH? NO. DATE OF _____

20. WAS THERE AN AUTOPSY? Ex of spinal fluid
 WHAT TEST CONFIRMED DIAGNOSIS Lab. Test

(Signed) W. J. Cracker
8/9, 1930. (Address) 309 E 10 - K. C. 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Missouri DATE OF BURIAL August 10 1930

22. UNDERTAKER Wm J Sheehan ADDRESS K. C. 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.

1816
1817