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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 8896
Township — Primary Registration District No. 1001 — Registered No. 325
City St. Joseph, (No. 508 North 5th. St. Ward)

2. FULL NAME Joseph W. Bittner,
(a) Residence. No. 508 North 5th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 21 1931

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single, |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29, 1874

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 5 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grain Broker, 1[illegible]
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Casselman,
(STATE OR COUNTRY) Pennsylvania, 2

PARENTS
10. NAME OF FATHER Joseph J. Bittner,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,
12. MAIDEN NAME OF MOTHER Christina Phillippi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT S. N. Bittner
(Address) 508 N. 5th St.

15. FILED 2 [illegible] 1931 19 John R. Bender REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1931, to Mar 24, 1931 that I last saw him alive on Mar 23, 1931, and that death occurred, on the date stated above, at 8:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
11A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 1 mos. ds.

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? Physical symptoms
(Signed) J. R. Elliott, M. D.
Mar 26, 1931 (Address) 824 Edmond,

*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 |
|---|---|
| Falls City, Nebr. via auto. | Mch. 27, 1931 |
| **20. UNDERTAKER** | **ADDRESS** |
| Heaton-Bergale & Bowman | 519 S. 10 St. |

Funeral Home