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

Do not use this space.

15354

File No.

Registered No. 478

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. 508 North 5th. St. Ward)

2. FULL NAME Wesley D. Bittner,

(a) Residence, No. 508 North 5th. St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Feb. 15, 1868,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station Agent,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad, 96

10. Date deceased last worked at this occupation (month and year) May 1929

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Iowa,

FATHER

13. NAME Josiah J. Bittner,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

MOTHER

15. MAIDEN NAME Christina Phillippi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

17. INFORMANT Sanford N. Bittner (ADDRESS) 508 North 5th. Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Falls City, Nebr. DATE May 15, 1932

19. UNDERTAKER Heaton, Bethel & Bowman (ADDRESS) 519 So. 10th. St. Funeral Home

20. FILED 5-14, 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to May 12, 1932

I last saw h. alive on May 12, 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	May 12
1331	
1331	
1331	
1331	

131 (1)

Other contributory causes of importance:

Chronic Interstitial Nephritis	Some Years
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. J. L. Harrison M.D.

(Address) 908 Edmond St. St. Jos. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 21 1932