Mr Bittick

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24715

Township ..... Primary Registration District No. 1003 Registered No. 6337

City St. Louis, Mo. (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Bittick, Mrs Bertha (J.F.)

(a) Residence, No. ..... St., ... Ward. Salem, Mo (If nonresident, give city or town and State)
(Usual place of abode)

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: F
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: John Bittick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 3-1870

7. AGE: YEARS 65 | MONTHS 7 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indinapolis Indina

FATHER

13. NAME: Wm. H. Skinner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indina

MOTHER

15. MAIDEN NAME: Mary Squires
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indina

17. INFORMANT (ADDRESS): John Bittick Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Mo DATE June 23 1936

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Salem, Mo

20. FILED 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to June 20, 1936

I last saw her alive on June 20, 1936. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
Carcinoma of Stomach	1936
46	

Other contributory causes of importance:

Name of operation: Resection + Gastro-enterostomy Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) A R Shuffler, M. D.
(Address) 1020 Mo. Theatre Bldg St Louis

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-11-24-33

Mr Hobson