# 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. 3200

Township ..... Primary Registration District No. 1003 Registered No. 417

City St. Louis (No. 5240 Westminster St. ..... Ward)

**2. FULL NAME** William Coleman Bitting

(a) Residence. No. 5240 Westminster St., 12 Ward. (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 5-1857

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 11 | 5. | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister 17

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lynchburg
(STATE OR COUNTRY) Virginia 2

PARENTS

10. NAME OF FATHER Carrol C. Bitting

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

12. MAIDEN NAME OF MOTHER Stogegizer

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

14. INFORMANT Kenneth Bitting
(Address) 5240 Westminster

15. FILED ....., 19.. Max C. Starkoff REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 10 - 1931.

17. I HEREBY CERTIFY, That I attended deceased from March, 1928, to Jan 10, 1931, that I last saw him alive on Jan 9, 1931, and that death occurred, on the date stated above, at 12:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Arterio-sclerosis general

107A

97 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho-Pneumonia

(duration) yrs. mos. 3 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? Clinical

(Signed) Alan Abel Jr M.D

1-10, 1931 (Address) 3701 Westminster Pl

*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 |
|---|---|
| Bellefontaine Cem. | 1-12-1931. |

20. UNDERTAKER C. R. Lupton ADDRESS Olive Street #4449

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.