

DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County HamiltonRegistration District No. 494File No. 70717

70717

Township

Primary Registration District No. 3227Registered No. 6855

6855

or Village

No.

St.

Ward

or City of

Cincinnati

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry P. BittmannDid Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

No.

71045 Kilbuck

St.

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

m

4 COLOR OR RACE

W.5 Single, Married, Widowed
or Divorced (write the word)Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE ofAmelia Dzieranowski

6 DATE OF BIRTH (month, day, and year)

July 22 - 1862

7 AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.673

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workCustodian(b) General nature of industry,
business, or establishment in
which employed (or employer)Armory

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Ohio

10 NAME OF FATHER

H. M. Bittmann

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

14 Informant

(Address)

Darry Ahlers2911 Henry Ave

15

NOV 11 1929

Edw. J. Gray

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year)

Nov 8 1929

17

I HEREBY CERTIFY, That I attended deceased from

June 10 - 1929 to Nov 8 1929(that I last saw him alive on Nov 8 1929)and that death occurred, on the date stated above, at 7 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

.....(duration).....yrs.mos.ds.

CONTRIBUTORY

(SECONDARY)

.....(duration).....yrs.mos.ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Oliver J. Seidel, M. D.Nov 9, 1929 (Address) 19 Sagamore St*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES,
state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL,
SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal

DATE OF BURIAL

Vine St Hill Nov 11-1929

20 UNDERTAKER

ADDRESS

Buss & Bergmann Co. City

20a WAS THE BODY

EMBALMED?

YesEMBALMER'S
LICENSE NO. J/616