

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

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
County	<u>Jess</u>	Registration District No.	<u>423</u>
Township	<u>Rock</u>	File No.	<u>233942240</u>
Village	<u>Sulphur Springs</u>	Primary Registration District No.	<u>5578</u>
City	(NO. _____ St. _____ Ward _____)	Registered No.	<u>20</u>
FULL NAME <u>Leliaetta</u>		<u>Bullis</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE	DATE OF DEATH
<u>Female</u>	<u>white</u>	<u>Single</u>	<u>July 10, 1912</u>
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>June 8th, 1911</u>		<u>June 29, 1912, to July 10, 1912,</u>	
AGE		that I last saw her alive on <u>July 10, 1912,</u>	
<u>1 yrs. 7 mos. 3 ds.</u>		and that death occurred, on the date stated above, at <u>9:20 P.M.</u>	
OCCUPATION		The CAUSE OF DEATH* was as follows:	
<u>Bobber</u>		<u>Typhoid Fever</u>	
BIRTHPLACE		Contributory	
<u>Sulphur Springs Mo</u>		<u>7991 meningitis</u>	
NAME OF FATHER		(Duration) _____ yrs. _____ mos. _____ ds.	
<u>J. H. Bullis</u>		Contributory	
BIRTHPLACE OF FATHER		(Duration) _____ yrs. _____ mos. _____ ds.	
<u>New York</u>		<u>3</u>	
MAIDEN NAME OF MOTHER		(Signed) <u>W. W. Hessel</u> M. D.	
<u>Katherine S. Bullis</u>		<u>July 11, 1912</u> (Address) <u>Sulphur Springs</u>	
BIRTHPLACE OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.	
<u>Jess. Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(Informant) <u>W. C. Bullis</u>		Where was disease contracted if not at place of death? _____	
(ADDRESS) <u>Sulphur Springs Mo</u>		Former or usual residence _____	
Filed <u>July 11, 1912</u>		PLACE OF BURIAL OR REMOVAL	
<u>W. J. F. Kiri</u> REGISTRAR		<u>Knimsworth Cemetery</u>	
		DATE OF BURIAL	
		<u>July 12, 1912</u>	
		UNDERTAKER	
		<u>Otto Wernum</u>	
		ADDRESS	
		<u>Knimsworth</u>	

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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

PLACE OF DEATH  
County Jefferson  
Township Rock  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 423 File No. 23394  
Primary Registration District No. 5578 Registered No. 20

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

FULL NAME Lelia Etta Bullis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Jan. 8, 1911  
(Month) (Day) (Year)

AGE 1 yrs. 7 mos. 3 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

BIRTHPLACE (City or town, State or foreign country) Sulphur Springs Mo.

NAME OF FATHER J. H. Bullis

BIRTHPLACE OF FATHER (City or town, State or foreign country) New York

MAIDEN NAME OF MOTHER Katherine S. Bullis

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ms. Jefferson Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. C. Bullis

(ADDRESS) Sulphur Springs Mo.

Filed Oct. 7, 1912 M. J. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 29, 1912, to July 10, 1912 that I last saw her alive on July 10, 1912 and that death occurred, on the date stated above, at 9:50 p.m.

The CAUSE OF DEATH\* was as follows: Typhoid Fever

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

Contributory (SECONDARY) meningitis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. W. Hull M. D.  
July 11, 1912 (Address) Sulphur Springs

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL Kimmswick Cem. DATE OF BURIAL July 12, 1912

UNDERTAKER Otto Wessons ADDRESS Kimmswick Mo.

# Revised United States Standard Certificate of Death

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