

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

Do not use this space.

**35342**

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
Township \_\_\_\_\_ Primary Registration District No. 3006  
City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 231

**2. FULL NAME**

(a) Residence. No. 1409 Pratt 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 Male 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 Ona Pulis  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 " 1

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer). Grocery Business  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Audrain County  
(STATE OR COUNTRY)

10. NAME OF FATHER B. F. Pulis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co., Mo.  
12. MAIDEN NAME OF MOTHER Lucie Mary  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

14. INFORMANT E. C. Pulis  
(Address) Columbia Mo.

15. FILED 11/17, 1930 F. C. Suggett REGISTRAR  
by Selby

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17, 1930  
17. ✓ HEREBY CERTIFY, That I attended deceased from Nov 13, 1930, to Nov 19, 1930, that I last saw him alive on Nov 17, 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uremia  
131  
1323  
(duration) yrs. mos. ds. \_\_\_\_\_  
CONTRIBUTORY (SECONDARY) Chronic Nephritis  
(duration) yrs. mos. ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Robert H. Simpson M. D.  
. 19 (Address) \_\_\_\_\_

\*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 Memorial Park Columbia DATE OF BURIAL 11/18 1930

20. UNDERTAKER W. W. and even ADDRESS Columbia 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.

