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.

JAN 21 1933

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

85

Do not use this space.

38504

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 1001
Primary Registration District No.:
File No.:
Registered No.: 1221
Township:
City: St. Joseph, (No. 124 West Hyde Park Ave. St. Ward)

2. FULL NAME: Edward Bulley,
(a) Residence, No. 124 W. Hyde Park Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha A. Bulley,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1855

7. AGE: Years 77 | Months 9 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 16
10. Date deceased last worked at this occupation (month and year): 1932 Dec.
11. Total time (years) spent in this occupation: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri 31

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quebec Canada Canada 5

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri 31

17. INFORMANT (ADDRESS): Mrs A. B. Corkhon Marion Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Mora Cem. DATE: Dec. 14, 1932

19. UNDERTAKER (ADDRESS): Heston-Bergal-Bowman 31¢ S. 10th. St. Funeral Home

20. FILED: 12-14-1932 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12th, 1932

22. I HEREBY CERTIFY, That I ~~attended~~ visited deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

Gunshot (Suicidal) Found entering his right temple

Date of onset

Other contributory causes of importance: (5)

16

Name of operation: non Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicidal Date of injury 12/12, 1932
Where did injury occur? St Joseph (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury: Gunshot Found
Nature of injury: right temple

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Tomas Thomas Coroner, M. D.
(Address) 801½ Felix