

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.

OCT 20 1933

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

Do not use this space.

30541

1. PLACE OF DEATH
 81 County Chillicothe Registration District No. 678
 3 Township _____ Primary Registration District No. 4404
 2 City St James (No. _____) St. _____ Ward _____
 2. FULL NAME Thyssen S Grant Bullis
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Hellen Bullis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 8
 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.
 10. Date deceased last worked at this occupation (month and year) 6-8-33 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montpelier Ind
 13. NAME Stephen Bullis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 15. MAIDEN NAME Ella Tolison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 17. INFORMANT Hellen Bullis (ADDRESS) St James Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic cem DATE 9-11-33
 19. UNDERTAKER W. H. Lightlaker (ADDRESS) St James Mo
 20. FILED 9-11-33 1933 Henry J. Hallett Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) sep. 9 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to Sept 9-1933
 I last saw him alive on Sept 9 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Int. Myocarditis Date of onset 1932
131
131
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? chronic Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) William H. Hallett, M. D.
 (Address) St James, Mo

