

JAN 8 1936

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

Do not use this space.

40052

1. PLACE OF DEATH

County Knox Registration District No. 439  
Township Greensburg Primary Registration District No. 5896  
City Baring No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. FULL NAME

Mary Francis Pulis  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 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

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jno. W. Pulis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-11-1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper  
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)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark Mo.

FATHER 13. NAME Jonathan Pulis

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark Mo.

MOTHER 15. MAIDEN NAME Sarah Mauck

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark Mo.

17. INFORMANT Earnest Pulis (ADDRESS) Baring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greensburg DATE Dec 10 - 1935

19. UNDERTAKER Mrs. J. W. Hudson (ADDRESS) Edina Mo.

20. FILED Dec 10, 1935 Dr. E. M. Whitcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935 to Dec 8 1935

I last saw her alive on Dec 8 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

Other contributory causes of importance: Diabetes for 10 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) M. S. Luman, M. D.

(Address) Edina 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.

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

