DEC'D AUG 11 1939

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

25108
Do not use this space.

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7

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 780
(c) City St. Joseph, (d) Street No. Saint Joseph Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
400

2. PRINT FULL NAME John Battus Bulley,
(a) Residence, No. 2506 South 4th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Jeanetta Bulley,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14, 1856
7. AGE: YEARS 83 MONTHS 0 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Teamster,
9. Industry or business in which work was done, as saw mill, bank, etc.: Ice,
10. Date deceased last worked at this occupation (month and year): July 1923
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison County, Missouri, O

FATHER
13. NAME: Anthony Bulley, 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Canada, 2

MOTHER
15. MAIDEN NAME: Julian Gaboreux,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Canada,

17. INFORMANT (ADDRESS): Mrs John B. Bulley 2506 So. 4th. Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem DATE July 28th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Keaton - B. Gale & Bowman 319 So. 10th. Str. Funeral Home
20. FILED July 28 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26th, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 22, 1939, to July 26, 1939
I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of left Cheek
Adulitis of face
45
Date of onset: Unknown

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. J. Chiarottino M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me July 26, 1

.....for or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3607

P. O. Address 319 So 10th St Jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.