

County Livingston  
Township Medilla  
Village \_\_\_\_\_  
City \_\_\_\_\_

MICHIGAN  
DEPARTMENT OF STATE  
LANSING  
VITAL STATISTICS DIVISION  
CERTIFICATE AND RECORD OF DEATH.



The Registrar should number each certificate received, at once, in the space below, beginning with one for each year.

REGISTERED NO. 10

Full name Charles Edward Bullis Date of death 

MO:	DAY:	YEAR:
<u>June</u>	<u>23<sup>d</sup></u>	<u>1901</u>

Place of death \_\_\_\_\_ Ward; No. \_\_\_\_\_ St. \_\_\_\_\_ Sex Male Color White  
Single, married, widowed or divorced married

If married, age at (first) marriage 21 years. Age 

YEARS.	MONTHS.	DAYS.
<u>72</u>	<u>10</u>	<u>3</u>

  
Parent of 7 children, of whom 6 are living. Birthplace (State or country) New York

Occupation Farmer  
Name of father Charles Bullis Birthplace of father (State or country) New York  
Maiden name of mother Sarah Halsey Birthplace of mother (State or country) R. I.

Date of burial or removal June 25<sup>th</sup> 1901  
Place of burial or removal Sprout Cemetery

Signature of undertaker Chas. Plimpton Address of undertaker Pisckney

**Certificate of Reporter.**  
The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 189\_\_\_\_.  
(Signed) \_\_\_\_\_

**Medical Certificate of Cause of Death.**

I hereby certify that I attended deceased from Jan 1 1891 to June 22<sup>nd</sup> 1891, that I last saw him alive on June 22 1891, that he died on June 23 1891, about 12 o'clock \_\_\_\_\_ M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

DISEASE CAUSING DEATH\* Myocardial insufficiency  
Immediate cause of death Myocardial insufficiency  
Contributory causes or complications, if any Chronic nephritis  
Post-mortem None

DURATION OF EACH CAUSE.


\*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if puerperal.

Witness my hand this 24 day of June 1891  
{ Signature of physician, } W. J. Wright M. D.  
{ health officer or coroner } J. Gregory, M.D.  
(Address) \_\_\_\_\_