

SEP 30 1927

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

Do not use this space.

25226

1. PLACE OF DEATH

County Randolph  
Township Praine  
City..... (No..... St..... Ward)

Registration District No. 736  
Primary Registration District No. 594B

File No.....  
Registered No. 17

2. FULL NAME

James O. Dulaney

(a) Residence. No..... St..... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1st 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 5 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William H. Dulaney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ny.

12. MAIDEN NAME OF MOTHER Eleana Pyding

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Md.

14. INFORMANT Ames Schooling  
(Address) R. F. D. Nobelsky

15. FILED 8-20 1927 G. T. Kinnaman, Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 9 1927 to Aug 13 1927 that I last saw him alive on Aug 11 1927, and that death occurred, on the date stated above, at 12:05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Nephritis

CONTRIBUTORY (SECONDARY)

1290B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jesse Z. ..., M. D.  
8-14 1927 (Address) Nobelsky Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Middle Grove Mo DATE OF BURIAL 8-14 1927

20. UNDERTAKER Mahan and Son ADDRESS Nobelsky 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.

