SEP 26 1930

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

Do not use this space.

27646

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 387

City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Sarah Francis Dulaney

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (*write* the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/22/1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	54	10	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Monroe Co. Mo.

PARENTS

10. NAME OF FATHER Thos E. Cornick

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

12. MAIDEN NAME OF MOTHER Sarah Smith

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

14. INFORMANT Mrs Ella Vincent
(Address) Madison Mo. R.R.

15. FILED 8/15, 1930 Dr. Thos. S. Fleming REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/14 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1930, to Aug 14, 1930 that I last saw her alive on Aug 14, 1930, and that death occurred, on the date stated above, at 1135 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pertonitis - cause unknown
120
126 (?) (duration) yrs. about 9 da. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Madison Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/13/30
WAS THERE AN AUTOPSY? Y
WHAT TEST CONFIRMED DIAGNOSIS? Y

(Signed) R. D. Streeter, M. D
8-15, 1930 (Address) Moberly, 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: Oak Grove Cemetery — DATE OF BURIAL: 8/15 1930

20. UNDERTAKER: Fred A. Th[illegible]son — ADDRESS: Madison 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.