REC'D SEP 12 1939

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

30019
Do not use this space.

88

1. PLACE OF DEATH
(a) County Randolph
(b) Township or City Prairie
(c) City
Registration District No. 735
Primary Registration District No. 5964
Registered No. 15
(d) Street No. 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 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

450

2. PRINT FULL NAME Minnie Dulaney
(a) Residence, No. R.F.D. Moberly 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan., 12, 1876

7. AGE: Years 63 | Months 7 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as 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 COUNTY) Randolph County Missouri

FATHER
13. NAME Joseph B. Dulaney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Kentucky

MOTHER
15. MAIDEN NAME Irene Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Macon County Missouri

17. INFORMANT (ADDRESS) Annie Dulaney R.F.D. Moberly Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE Aug., 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snow Funeral Home Moberly Missouri

20. FILED Aug 13 1939 G T Kincaid Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug., 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Aug 7 1939
I last saw her alive on Aug 7 1939 Death is said to have occurred on the date stated above, at 12:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Indigestion & Gallstones	20 yrs
	Yes
	Yes
	2 2

Other contributory causes of importance:
G.B. Lucas
1934 Operated

Name of operation Rectal 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? no 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) W K Meyer M. D.
(Address) Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-9-19-38 I X16605

AUG 9 1940

RECEIVED
District Health Officer No. 10
District File Number 9-39-1524
Date Filed SEP 6 1939

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, or by myself and R. M. Cates, Registered Apprentice No. 185, working under my personal supervision.

Signed Thos. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly Mo.

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

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