

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347
 44 Township Clinton Primary Registration District No. 3018
 7 City Clinton (No. _____) St. _____ Ward _____

File No. 39400
 Registered No. 115

2. FULL NAME

Wm Henry Dulaban
 (a) Residence, No. 107 E. Franklin St. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

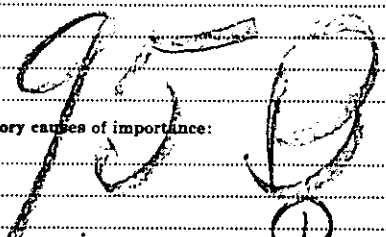
3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Dulaban</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1849</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>5</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penna</u>		
13. NAME <u>Nelson Dulaban</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Sarah</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Roy Dulaban</u> <u>701 East Jefferson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Windsor</u> DATE <u>1-1-33</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wellkum</u> <u>Clinton Mo</u>		
20. FILED <u>12/31</u> 19 <u>32</u> <u>Ed C. Peelor</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30 1932

2. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Dec 30 1932
 I last saw him alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Cardia-Renal disease Date of onset _____

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Other contributory causes of importance:


Name of operation _____ 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? _____ 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) Ed C. Peelor, M. D.
 (Address) Clinton, 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.

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