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

Do not use this space.

20769

1. PLACE OF DEATH
County Butler — Registration District No. 87
Township Burnsdown — Primary Registration District No. 4053
City Harvill (No. ..... St. ..... Ward)

File No. .....
Registered No. 18

2. FULL NAME Helen Elizabeth Pearson
(a) Residence. No. Harvill, Mo. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AUG 16 1927

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 28, 1926

7. AGE: Years ✓ Months 6 Days 19 — If LESS than 1 day, ✓ hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Poplar Bluff, Mo.

PARENTS
10. NAME OF FATHER: Andy Pearson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Grace Padgett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.

14. INFORMANT: Andy Pearson
(Address) Harvill, Mo.

15. FILED 7/17 1927 M. M. Lane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 17th 1927.

17. I HEREBY CERTIFY, That I attended deceased from July 15th, 1927, July 17th, 1927, that I last saw her alive on July 16th, 1927, and that death occurred, on the date stated above, at 3:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Entero-Colitis. 119 B 86
(duration) ✓ yrs. ✓ mos. 4 ds.

CONTRIBUTORY (SECONDARY): Convulsions
(duration) ✓ yrs. ✓ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 113 B
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. M. Lane, M. D.
7/17, 1927 (Address) Harvill, 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: Kinsey Cemetery — DATE OF BURIAL: 7/17 1927.

20. UNDERTAKER: Family - Harvill — ADDRESS: Mo.

...should be stated EXACTLY. PHYSICIANS should state ... classified. Exact statement of OCCUPATION is very important.