

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

Do not use this space.

27031

**1. PLACE OF DEATH**

County Henry  
Township Clinton  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 94  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ray Frederick Harrelson

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
1 | 7 | 13

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Clinton  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ray Harrelson

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

12. MAIDEN NAME OF MOTHER Marie Halsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shell City  
(STATE OR COUNTRY) Missouri

14. INFORMANT Ray Harrelson  
(Address) Clinton Mo

15. FILED 9/3 27 1927 Dr. E.C. Peeler  
REGISTRAR by J.P.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-1 1927, to 9-3 1927 that I last saw him alive on 9-2 1927, and that death occurred, on the date stated above, at 2 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dysentery  
13 P. (duration) yrs. mos. 14 da.

CONTRIBUTORY (SECONDARY) 16 C. (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) L. S. Walker, M. D.

9-3, 1927 (Address) Clinton 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 Englewood DATE OF BURIAL 9/4 1927

20. UNDERTAKER Chris Milkensont ADDRESS Clinton

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.

WHILE IN PRINT, WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

1927

12

