

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

Do not use this space.

33374

1. PLACE OF DEATH

County Sullivan
Township Jackson
City..... (No..... Ward)

Registration District No. 852
Primary Registration District No. 6124

File No.....
Registered No. 36
St..... Ward)

2. FULL NAME

Infant Harrelson
(a) Residence. BOYNTON, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 26 1931</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, . hrs. or . min.	
	0	0	0		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work..... <u>Infant</u>					
(b) General nature of industry, business, or establishment in which employed (or employer).....					
(c) Name of employer.....					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1931¹⁹

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1931 to Sept 27 1931 that I last saw him alive on Sept 27 1931, and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dystocia at Birth
100% / 100% (duration) yrs. mos. ds.

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

9. BIRTHPLACE (CITY OR TOWN) Boynnton (STATE OR COUNTRY) Mo

10. NAME OF FATHER Floyd Harrelson

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

12. MAIDEN NAME OF MOTHER Evel Hill

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. [unclear] M.D. M. D.
9/27 1931 (Address) Green City 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.

14. INFORMANT Floyd Harrelson (Address) Boynnton, Mo

15. FILED 9/28 31 C. H. Schoene Sub REGISTRAR
Bertha McClary

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elson Woods Cemetery DATE OF BURIAL 9/28 1931

20. UNDERTAKER Elson G. [unclear] ADDRESS Green City 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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

Oct 29 1931

