

SEP 28 1927

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

Do not use this space.

24154

1. PLACE OF DEATH

County HENRY
Township CLINTON
City CLINTON (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 87
St. Ward)

2. FULL NAME BELLY ADDLINE HERRELSON

(a) Residence. No. 511 NORTH SECOND St. FIRST Ward.

(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 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) 4/16/1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
ONE THREE 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work LABORER
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer MISSOURI POWER CO.

9. BIRTHPLACE (CITY OR TOWN) CLINTON
(STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER OTIS B. HERRELSON

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

12. MAIDEN NAME OF MOTHER ETLEN BRELOR

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

14. INFORMANT Otis Herrelson
(Address) Clinton, Mo.

15. Aug 13 27 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 19 27

17. I HEREBY CERTIFY, That I attended deceased from Aug 8 1927, to Aug 9 1927, that I last saw h. l. alive on Aug 8, 1927, and that death occurred, on the date stated above, at about 2:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Enteric Colitis with Brain symptoms

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. D. Jennings M. D.
Aug 12, 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

DATE OF BURIAL

Englewood 8/13 1927

20. UNDERTAKER

ADDRESS

Sims, W. Edwards Clinton

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.

