

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

Do not use this space.

20464

**1. PLACE OF DEATH**

County Harrison  
Township.....  
City Clinton (No. 7110)

Registration District No. 347  
Primary Registration District No. 3018

File No. 184  
Registered No. 184  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John S. Harrelson  
(a) Residence No. \_\_\_\_\_ 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. 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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Harrelson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 1 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Comptroller  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer John S. Harrelson

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

10. NAME OF FATHER J H Harrelson

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

12. MAIDEN NAME OF MOTHER Dora Kinnear

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dora Kinnear  
(STATE OR COUNTRY) Missouri

14. INFORMANT Jessie Harrelson  
(Address) Clinton Mo

15. FILED June 25 1928 Dr. E. C. Peeler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1928  
17. I HEREBY CERTIFY, That I attended deceased from Jan 19 19 to June 24 1928  
that I last saw him alive on about 6 months ago, and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
arteriosclerosis

CONTRIBUTORY (SECONDARY) 918  
WHEREAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....  
9. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY..... no  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) D. A. Pogue, M. D.  
6/25 1928 (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.

16. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL June 25 1928  
17. UNDERTAKER James Wilkinson Co ADDRESS \_\_\_\_\_

K. 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.

STATE OF MISSOURI DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

