

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

Do not use this space.

42908

1. PLACE OF DEATH

104 County Stone Registration District No. 846
Township Cass Primary Registration District No. 611
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Susan C. Cloud
(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. 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joe Stephens

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 21

MOTHER 15. MAIDEN NAME Jane Berry

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ralph B. Cloud
Brown Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Payne Cem DATE Dec. 25 - 1932

19. UNDERTAKER (ADDRESS) J. W. Maples
Clever Mo

20. FILED 12-30-1932 H. G. Chumley
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Dec 24 1932
I last saw him alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

93 B
125 P
White Myocarditis (1) 12/21/32
Other contributory causes of importance:
Chronic liver & stomach troubles.
Chronic

Name of operation none Date of 12/25
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 12/25 1932
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. W. Wade M. D.
(Address) Clever 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.

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