

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

Do not use this space.

20074

1. PLACE OF DEATH

60 County McDonald Registration District No. 1167
Township Richwood Primary Registration District No. 3699
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

2. FULL NAME

Ellen 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. H. Cloud
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1860
7. AGE YEARS 71 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 1929, to June - 25 1932
I last saw her alive on June 21, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Other contributory causes of importance: 3 1
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genw. Mo.
13. NAME Tom Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genw. Mo.
15. MAIDEN NAME Nancy Rolan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genw. Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT M. H. Cloud (ADDRESS) Rocky Comfort
18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE June 28 1932
19. UNDERTAKER (ADDRESS) Payne & Sons Wheaton Mo.
20. FILED June 27 1932 E. Edmondson Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
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 _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Clardwell M. D.
(Address) Hella, 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.

JUL 25 1932

