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

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.

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

Do not use this space.

1025

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1099 — Registered No. 3

City Kansas City (No. 3932 Baltimore Ave. St. Ward)

2. FULL NAME Dr. Jesse M. Cloud

(a) Residence. No. 3932 Baltimore St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Antonette Cloud

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22 1874

7. AGE: Years 53 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: James S. Cloud
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.
12. MAIDEN NAME OF MOTHER: Pauline Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Antonette Cloud
(Address) 3932 Baltimore

15. FILED Jan 6, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1927, to Jan 5th, 1928 that I last saw him alive on Jan 6th, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Toxemia from Cirrhosis of liver & Sarcoma of Stomach

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cold Toxemia

(duration) yrs. mos. ds.

44a

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? Blood, Consultation etc. clinical

(Signed) Carl N. Smith DO

Jan 6, 1928 (Address) 201 Nuby Bldg DO

*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: Mt. Washington — DATE OF BURIAL: 1/7/ 1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 42nd & Baltimore

Dr. Earl Hamilton
3913 main
Werley Bldg.
W. 8220