

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

Do not use this space.

14461

25-1929

1. PLACE OF DEATH  
 County Harrison Registration District No. 339  
 Township Trail Creek Primary Registration District No. 5475  
 City Jerusha M. McCloud St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jerusha M. McCloud  
 (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.

File No. \_\_\_\_\_  
 Registered No. 4

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. McCloud

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1848

7. AGE YEARS MONTHS DAYS | At LESS than I day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 | 8 | 27 | \_\_\_\_\_

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

9. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) Canada

10. NAME OF FATHER Edward Colwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) North Scotia

12. MAIDEN NAME OF MOTHER Rebecca Jordan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Elizabeth M. McCloud  
 (Address) Grand Blanc, Mich

15. FILED 4/13, 1929 Miss C. J. Sellers  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1929

17. I HEREBY CERTIFY, That I attended deceased from March 7<sup>th</sup>, 1929, to Apr 18, 1929, and that I last saw her alive on Apr 18, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
17 Atherosclerosis  
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. mos. ds.

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? Physical  
 (Signed) C. J. Sellers, M. D.  
4/18, 1929 (Address) Int. Norwich, 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, INTERMENT, OR REMOVAL Grand Blanc Mich DATE OF BURIAL 4/22, 1929

20. UNDERTAKER O. P. Rogan Ridgeway Mo  
 ADDRESS \_\_\_\_\_

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.

20-10  
 26  
 5  
 5  
 3

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

CONFIDENTIAL - SECURITY INFORMATION



1944

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, [illegible]

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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