MAR 30 1930

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

Do not use this space.

9658

1. PLACE OF DEATH
County Newton
Township E Benton
City (No. St. Ward)
Registration District No. 608
Primary Registration District No. 6264
File No.
Registered No. 10

2. FULL NAME Frank 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 M.
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 Norma Canada

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 – 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	11	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Charleston Ill.

PARENTS
10. NAME OF FATHER M. H. Cloud
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Ellen V. Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co.

14. INFORMANT G. R. Cloud
(Address) Rocky Comfort Mo R.F.D. No. 1

15. FILED Mar 18, 1930 L. N. Parnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1930, to Mar 8, 1930 that I last saw him alive on Mar 8, 1930, and that death occurred, on the date stated above, at 4 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
127A
127A (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Gangrene Gall Bladder
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? 124A
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. Cardwell, M. D.
, 19 (Address) Stella 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, CREMATION, OR REMOVAL Union Cemetery
DATE OF BURIAL March 9 1930

20. UNDERTAKER Belka D Wessel
ADDRESS WHEATON

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.