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.

5059

1. PLACE OF DEATH

County Christian — Registration District No. 182 — File No.

Township Lincoln — Primary Registration District No. [illegible] — Registered No.

City (No. St. Ward)

2. FULL NAME Elsie Catherine Cloud

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

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: William Cloud

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 6 - 1845

7. AGE: Years 87 — Months 5 — Days 15 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Nashville
(STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: William Monger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Waller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn

14. INFORMANT: Plina ~~Walter~~ Cloud
(Address): Clever Mo

15. FILED 3/10, 1933 A. A. Moyles, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 21st 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Jan 28, 1933, that I last saw her alive on Jan 28, 1933, and that death occurred, on the date stated above, at 3-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Chronic~~ Acute Bright Disease & weakness of heart muscles

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 13 (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? Clinical

(Signed) E E Wade, M. D.

, 19 (Address) Clever, 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: Mt. Carmel — DATE OF BURIAL: Feb. 22 1933

20. UNDERTAKER: T. W. Maples — ADDRESS: Clever Mo