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

Do not use this space.

12182

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 896 — File No.:

Township: Ozark — Primary Registration District No.: 6198 — Registered No.: 10

City: (No. ..., ... St. ..... Ward)

2. FULL NAME: George Wallace 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: 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: Sue Cloud

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16, 1869

7. AGE: YEARS 63 — MONTHS 9 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Co. Mo

FATHER

13. NAME: Peter Cloud
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Mary Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Dugal Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marshfield Mo. DATE: 3/13 1933

19. UNDERTAKER (ADDRESS): H. T. McMahon Marshfield

20. FILED: 3/31 1933 J. R. Bruce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on March 9, 1933, to ——, 19—

~~I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at~~ about 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

204. and that he was dead on my arrival. Death occurred suddenly ten or fifteen minutes before my arrival from natural causes, probably coronary occlusion.

Date of onset

Other contributory causes of importance:

205. Unknown chronic disease

99

Name of operation: No — Date of —

What test confirmed diagnosis? History — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No — 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? No

If so, specify

(Signed) C. R. Macdonnell, M. D.

(Address) Marshfield, 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.