

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.

RECORD IS A PERMANENT RECORD

JAN 20 1934

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

Do not use this space.

39088

1. PLACE OF DEATH

County Barton Registration District No. 44
Township Central Primary Registration District No. 5066
City Santha (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME

Reuby Ann Cloud

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Newton Cloud</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-28-1864</u>		
7. AGE YEARS <u>69</u> MONTHS <u>2</u> DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Operator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Telephone Airtel Board</u>	
	10. Date deceased last worked at this occupation (month and year) <u>11-25-33</u>	11. Total time (years) spent in this occupation <u>20</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson County Ohio</u>	
	13. NAME <u>Samuel Crabtree</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Malinda Dixon</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	17. INFORMANT <u>Mrs E J McNary</u> (ADDRESS) <u>Sumner, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Santha Cemetery</u> DATE <u>Dec 6 1933</u>	
	19. UNDERTAKER <u>L. F. Korbantz</u> (ADDRESS) <u>James Springs</u>	
20. FILED <u>Dec 6 1933</u> <u>L. E. Korbantz, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1933, to Dec 4 1933.
I last saw him alive on Dec 4 1933. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
12/11
arterial sclerosis

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) A. W. Sandridge, M. D.
(Address) Mulberry Kansas

