

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

Do not use this space.

8708

1. PLACE OF DEATH

County Monroe Registration District No. 360  
Township Hermitage Primary Registration District No. 5565  
City Hermitage (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME

Anna McCloud  
(a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode) Hermitage  
Length of residence in city or town where death occurred 64 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1870  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
64 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
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) mo

13. NAME J W Jen Kris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Nancy Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT M A McCloud  
(ADDRESS) Marshall mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE La Verdy DATE Mar 19 1934

19. UNDERTAKER J R Duckert  
(ADDRESS) 1214 1/2 W. 1st St. Hermitage

20. FILED Apr 2 1934 W. H. C. Crouch  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1934

I HEREBY CERTIFY, That I attended deceased from Hermitage 1st 1933, to March 18 1934

I last saw her alive on March 18 1934 Death is said to have occurred on the date stated above, at 4 a.m.

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

Chemical Poison  
132A  
132B  
Other contributory causes of importance Definite of Redness

Name of operation None Date of .....  
What test confirmed diagnosis specimens 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? .....

If so, specify .....  
(Signed) J. H. Crouch M. D.  
(Address) Hermitage Mo

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.

