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.

APR 25 1934

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

Do not use this space.

11460

1. PLACE OF DEATH
County St Louis — Registration District No. 1120 — File No.
Township Crandelet — Primary Registration District No. 6248 B — Registered No. 90
City Longwood (No. Mt St Rose Hospital St. Ward)

2. FULL NAME Henry McCloud
(a) Residence, No. ~~Mt St Rose Hospital~~ St. Ward. St Louis Mo
(Usual place of abode) 5234 Page Ave (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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1893

7. AGE YEARS 40 MONTHS 4 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Firing furnace
10. Date deceased last worked at this occupation (month and year) Nov 1933
11. Total time (years) spent in this occupation 15

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

FATHER
13. NAME John McCloud
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John McCloud 5234 Page

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mar 27 1934

19. UNDERTAKER (ADDRESS) Cyllen Kelly 1416 N. Taylor

20. FILED 3/26 1934 B F Kelly M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1933, to 3-24, 1934
I last saw him alive on 3/24, 1934. Death is said to have occurred on the date stated above, at 4:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary tuberculosis	Unknown
23A	
53	

Other contributory causes of importance:
Tuberculous laryngitis

Name of operation ..... Date of .....
What test confirmed diagnosis? Sputum 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) Jim B Devine, M. D.
(Address) 9101 So. Bdwy.