

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

Do not use this space.

4949

MAR 17 1936

1. PLACE OF DEATH

County Cape Girardeau
Township Shannon
City (No. _____) _____

Registration District No. 129
Primary Registration District No. 5/80

File No. _____
Registered No. 5 St. _____ Ward _____

2. FULL NAME

Un Named McCloud Infant

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 20th 1936</u>		
7. AGE YEARS _____	MONTHS _____	DAYS _____
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Neelys Landing Mo</u>		
FATHER	13. NAME <u>Harry McCloud</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neelys Landing Mo</u>	
MOTHER	15. MAIDEN NAME <u>Alpha Mae Craft</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neelys Landing Mo</u>	
17. INFORMANT <u>Harry McCloud</u> (ADDRESS) <u>Neelys Rdg. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethel Church</u> DATE <u>2-21-</u> 19 <u>36</u>		
19. UNDERTAKER <u>Reisenbichler & Patsy</u> (ADDRESS) <u>P.O. Clinton Mo</u>		
20. FILED <u>2-21-1936</u> <u>J. J. Schuman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from February 20th 1936, to February 20th 1936
I last saw him alive on February 20th 1936 Death is said to have occurred on the date stated above, at 7:15 P. m.
The principal cause of death and related causes of importance were as follows:
Congenital Heart Disease Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Examination 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) Theodore Fischer, M. D.
(Address) Attenberg, 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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

