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.

JUN 22 1936

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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 18907
Township Fishing River — Primary Registration District No. 3011 — Registered No.
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME James A. McCloud
(a) Residence, No. Veterans Administration Facility, Excelsior Spgs, Mo. Ravanna, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 17 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~~ Lou McCloud

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1892

7. AGE: YEARS 44 — MONTHS 1 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & carpenter
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) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Mo.

FATHER
13. NAME James McCloud
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensylvania

MOTHER
15. MAIDEN NAME Laura King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton, Mo. DATE 5-27, 1936

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED 5-27, 1936 Mrs Rea McCrarkin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~July~~ May 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936, to May 27, 1936.
I last saw him alive on May 27, 1936. Death is said to have occurred on the date stated above, at 11:55 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, right pleural cavity (streptococcus hemolyticus)	
110a	

Other contributory causes of importance:
—Otitis media, purulent, right
Passive congestion of spleen, liver, lungs

Name of operation Rib resection Date of 5, 26, 1936
What test confirmed diagnosis? Phys. Exam Was there an autopsy? Yes

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) Joseph Dauksys
(Address) JOSEPH DAUKSYS, MD, Actg Clin. Dir. M.D. Veterans Admininistration Facil. Excelsior Springs, Mo.