

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

103 County Stoddard  
Township Liberty  
City (No. ....) Ward .....

Registration District No. 838  
Primary Registration District No. 609913

File No. 17779  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

Henry McCloud

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Divorced write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
48 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) Feb. 4, 1937 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

13. NAME S. H. McCloud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

15. MAIDEN NAME Lucy Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

17. INFORMANT (ADDRESS) Curtis McCloud  
Centerville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wau. Bethel DATE Feb. 8, 1937

19. UNDERTAKER (ADDRESS) Watkins Funeral Home  
Centerville Mo

20. FILED 5110 1937 Margaret Egan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Wau. Bethel, to .....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Found dead in field face in water  
Probably Heart failure

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 4  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) John Wilson, M. D.  
Bloomfield, Mo  
Lucy McCloud

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.

