

1. PLACE OF DEATH (Dist. No. 0271)Series No. 251

Division of Vital Statistics

(TO BE INSERTED BY LOCAL REGISTRAR)

County Berkeley

West Virginia State Department of Health

District Opequon

## CERTIFICATE OF DEATH

**11334**

(FOR STATE REG. USE ONLY)

Town or City Berkeley Station, W. Va

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2. FULL NAME George Franklin Cloud

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(USUAL PLACE OF ABODE)

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. A.; if of foreign birth! yrs. mos. days.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED

Husband of \_\_\_\_\_  
(or) Wife of Anna Unger6. DATE OF BIRTH (month, day, and year) Sept. 20. 18567. AGE Years Months Days IF LESS than day, hrs. or min.  
80 11 38. TRADE PROFESSION or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer9. INDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. 710

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 County) Clark Co. Va.13. NAME Amos Cloud

14. BIRTHPLACE (city or town) (State or Country) \_\_\_\_\_

15. MAIDEN NAME Anna Elizabeth MC.Filbin16. BIRTHPLACE (City or Town) (State or Country) Va.17. INFORMANT Perry Cloud  
(Address) Berkeley Station, W. Va18. BURIAL, CREMATION, OR REMOVAL  
Place Spring Mills, W. Va Date Aug. 25, 193719. UNDERTAKER Signature H. K. Brown  
(Address) Martinsburg, W. Va License No. 84520. Aug 25, 1937 W. B. Willey  
Registrar.

## MEDICAL CERTIFICATION OF DEATH

21. DATE OF DEATH (month, day and year) August 23 193722. I HEREBY CERTIFY, That I attended deceased from 8-21 1937, to 8-23 1937, I last saw him alive on 8-23-1937, death is said to have occurred on the date stated above, at 6 a.m. m.

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

Coronary thrombosis 8-23-37  
arteria sclerosis unknown  
94B

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? no

If death was due to external causes, fill in also the following

(Check) Accident—Suicide—Homicide? Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify City or Town, County, and State)

Check whether injury occurred in industry.....home.....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) Ernest H. Bettes M. D.(Address) Martinsburg, W. Va.