

1. PLACE OF DEATH

County

Maricopa

State

Arizona

State File No.

224

District or Township

Mesa

or Village

Registered No.

1697

City

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME

Unborn baby Cloud

(a) Residence. No.

Mesa Ariz

St.

Ward

(If non-resident, 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

F

4. COLOR or RACE

White

5. SINGLE, MARRIED, WIDOWED or DIVORCED.
(Write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

✓

6. DATE OF BIRTH (month, day and year)

12/15/27

7. AGE

Years

Months

Days

IF LESS than 1
day _____ hrs.
or _____ min.

Born dead

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Born dead

(b) General nature of industry,
business or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

Mesa Arizona

(State or country)

10. NAME OF FATHER

Wilva Cloud

11. BIRTHPLACE OF FATHER

Mesa

(State or country)

(city or town)

12. MAIDEN NAME OF MOTHER

Dora Brown

13. BIRTHPLACE OF MOTHER

Mesa Arizona

(State or country)

(city or town)

14. Informant

Mrs. Donald Cloud

(Address)

Mesa Ariz

15. Filed

12-4

1928

H J Michael

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year)

12/15 1927

17.

I HEREBY CERTIFY, That I attended deceased from

12/15, 1927 to 1927
that I last saw him alive on Born dead, 1927and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Born dead

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondarily)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Birth

(Signed) _____ M. D.

12/15 1927 (Address) Mesa Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR
REMOVAL

DATE OF BURIAL

Sepulchre

12-15-27

20. UNDERTAKER

ADDRESS

Feltner (V. Cloud) Mesa Ariz

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.