

## WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 020

## CERTIFICATE OF DEATH

56 013772

Serial No. 492

State File No.

1. NAME OF DECEASED (Type or Print)			a. (First) Lloyd	b. (Middle) Montgomery	c. (Last) Cloud	2. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1956				
3. PLACE OF DEATH a. COUNTY Berkeley				b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Hedgesville		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE W. Va.				
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Hedgesville		d. STREET ADDRESS (If rural, give location) R.F.D. # 1				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) XX				5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married		
8. DATE OF BIRTH Sept. 23, 1883				9. AGE (In years) 73		If under 1 year Month Days		If under 24 hrs Hours Min		
10. USUAL OCCUPATION Carpenter 0				10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hampshire Co. W. Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George F. Cloud				14. MOTHER'S MAIDEN NAME Annie Unger						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service				16. SOCIAL SECURITY No.		17. INFORMANT Mrs. L.M. Cloud				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pulmonary Infarction						36 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Atrial Fibrillation						2 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Arteriosclerotic Heart Disease						10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) Year (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. INQUEST Yes <input type="checkbox"/> No <input type="checkbox"/>	
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22. I hereby certify that I attended the deceased from 9-4, 1956 to 11-21, 1956, that I last saw the deceased alive on 11-21, 1956, and that death occurred at 8:15 AM, from the causes and on the date stated above.

23a. SIGNATURE C. J. Townsend, M.D.		(Degree or title)		23b. ADDRESS 406 W. King Street		23c. DATE SIGNED 11-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/26/56		24c. NAME OF CEMETERY OR CREMATORY Spring Mills Hedgesville, Rural		24d. EMBALMER'S SIGNATURE Alfred H. Terry Lic. No. 1041	
DATE REC'D BY LOCAL REG. 11/26/56		REGISTRAR'S SIGNATURE Mary E. Baker		25. FUNERAL DIRECTORS (Signature) Howard K. Brown		Lic. No. 46	