

STANDARD CERTIFICATE OF DEATH

West Virginia State Department of Health

12678

1. PLACE OF DEATH
 County Berkeley District Martinsburg Registered No. _____
 Town or City Martinsburg, W. Va No. 114 South Kentucky Ave Street (Dist. No. 0257)
 (If death occurred in a hospital or institution, give its name instead of street and number)

1a. PLACE OF RESIDENCE: STATE _____ Length of residence where death occurred _____ yrs. _____ mos. _____ ds.
 (If not same as place of death)
 County _____ District _____ (Dist. No. _____)
 Town or City _____ No. _____ Street _____

2. FULL NAME Nancy Lou Cloud
 (Local Registrar's Serial No. 241)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
 Husband of _____
 (or) Wife of _____

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1939

7. AGE Years _____ Months 7 Days 3 If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION 8. TRADE PROFESSION or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Martinsburg 11. TOTAL TIME (years) spent in this occupation _____

12. BIRTHPLACE (city or town) W. Va
 (State or Country)

MOTHER FATHER 13. NAME James Franklin Cloud

14. BIRTHPLACE (city or town) Berkeley, Co.
 (State or Country)

15. MAIDEN NAME Elmer May Coffinbarger

16. BIRTHPLACE (city or town) Jefferson, Co.
 (State or Country)

17. INFORMANT J. F. Cloud
 (Address) Martinsburg, W. Va

18. BURIAL, CREMATION, OR REMOVAL
 Place Shepherdstown, W. Va Date 10-3, 1939

19. FUNERAL DIRECTOR (Signature) Howard K. Brow
 (Address) Martinsburg, W. Va
 Fr. Dir. License No. 16 Embalmer's No. 633

20. FILED Oct 3, 1939 W. S. Colley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept Oct 1, 1939
 (month, day and year)

22. I HEREBY CERTIFY that I attended deceased from Sept 20
 19 39, to Oct 1, 1939 I last saw h. alive
 on Oct 1, 1939 death is said to have occurred on the
 date stated above, at 8:30 P m.

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

Whooping Cough Sept 11
& Bronchial pneumonia Oct 1, 1939

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

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) O. J. Power M. D.

Address Martinsburg, W. Va.

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.