

1 PLACE OF DEATH (Dist. No. 0251) Series No. 104
(To be inserted by local Registrar)

Division of Vital Statistics

County Berkeley

West Virginia State Department of Health

District Martinsburg

CERTIFICATE OF DEATH

2744

(For State Reg. use only)

OR
Town or City Martinsburg

No. City Hospital St.;

2 FULL NAME Dorothy Lee Cloud

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. single
(Write the word)

16 DATE OF DEATH Mar 28, 1925
(Month) (Day) (Year)

6 DATE OF BIRTH Mar 18, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1925, to Mar 28, 1925 that I last saw her alive on Mar 28, 1925 and that death occurred, on the date stated above, at 9:20 am.

7 AGE 10 yrs. 10 mos. 10 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH was as follows:
(Primary or beginning cause)
Melena Neonatorum
162 (Duration) yrs. 5 mos. 5 ds.

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

CONTRIBUTORY (Secondary or finishing cause)
W. B. Wallace, M. D.
(Signed) Mar 28, 1925 (Address) Martinsburg

9 BIRTHPLACE (State or country) City Hospital

NOTE: State the DISEASE CAUSING DEATH. In deaths from VIOLENT CAUSES, State BEANS or INJURY and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PARENTS

10 NAME OF FATHER Samuel S. Cloud

11 BIRTHPLACE OF FATHER (State or country) va

12 MAIDEN NAME OF MOTHER Marian Johnson

13 BIRTHPLACE OF MOTHER (State or country) Jearardtown Va

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Cloud
(Address) Martinsburg W. Va.

Former or usual residence _____
19 PLACE OF BURIAL OR REMOVAL Newborne Cemetery DATE OF BURIAL Mar 29, 1925

15 Mar 28, 1925 Arthur B. Wheeler
REGISTRAR.

20 UNDERTAKER Henry M. Cofe
ADDRESS 115 South Maple Ave