

CERTIFICATE OF DEATH

5847

Dist. No. 200A Serial No. 672

P. D.
Res.
Ket.
S. S. No

1. Place of Death:
(a) County Kanawha
(b) Magisterial District Jefferson
(c) City or town St. Albans W. Va.
(If outside city or town limits, write RURAL and give town)
(d) Address
(Street address, hospital, or institution)
(e) Length of stay in hospital or inst. (yrs., mos., or days)
(f) Length of stay in this community (yrs., mos., or days)

2. Home (Usual Residence) of Deceased:
(a) State W. Va. (b) County Kanawha
(c) City or town St. Albans W. Va.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A. ? years.

3 (a) Full Name Frank Pierce Cloud III

3 (b) If veteran, name war No. 3 (c) Social Security No.
4. Sex Male 5. Color or race W 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1943

8. Age Years Months Days If less than one day
17 hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual occupation
11. Industry or business

12. Name Frank Pierce Cloud III
13. Birthplace Pemberton W. Va.
14. Maiden Name Billie Louise Asbury
15. Birthplace St. Albans W. Va.

16 (a) Informant's signature Frank Cloud III
(b) Address St. Albans W. Va.

17 (a) Burial (b) Date thereof Feb. 28, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sunset Memorial Park
Location Spring Hill W. Va.

18 (a) Funeral director (signature) [Signature]
(b) Address St. Albans W. Va.
Fr. Dir. License No. 356 Embalmers No. 585

19. Filed May 31, 1943 Bethel Martin Registrar.

MEDICAL CERTIFICATION

20. Date of death Feb. 27, 1943, at M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1943 to Feb 27 1943, and that I last saw him alive on Feb 25 1943.

Immediate cause of death Congenital Heart disease
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If external causes contributed to the death fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edwin O. Vaughan
Address St. Albans M. D. or other Date signed 3/27/43