

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Letcher
Vol. Pat. Gordon Field
Inc. Town
City (No.)

Registration District No. 5530
Primary Registration Dist. No.

File No. 9041

Registered No. 10

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

FULL NAME William M. Cloud

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 MARRIAGE Married
(If single, married, widowed, or divorced (Write the word))

6 DATE OF BIRTH Oct 21, 1875
(Month) (Day) (Year)

7 AGE 75 yrs. 6 mos. 5 ds. 5 hrs. 7 min.
If less than 1 day

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

9 BIRTHPLACE (State or country) Warren Co., Va.

10 NAME OF FATHER Daniel Cloud

11 BIRTHPLACE OF FATHER (State or country) Warren Co. Va.

12 MAIDEN NAME OF MOTHER Mary E. Buck

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Mary Cloud
(Address) Pantakee Ky.

15 Filed 5-2, 1914 T. M. Barkley, Jr.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26th, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from September, 1914, to April 26th, 1914,

that I last saw him alive on Apr. 26th, 1914, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Parasomnia of stomach

(Duration) about yrs. 8 mos. 0 ds.

Contributory anemia
(Secondary) (Duration) yrs. mos. ds.

(Signed) S. J. Hallen M. D.
Apr 24, 1914 (Address) Gordon Ky.

*State the DYNAMIC CAUSING DEATH, or in death from TOXIC CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(10) 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
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pantakee Ky. DATE OF BURIAL 4-27, 1914

20 UNDERTAKER Cassell & Pallow ADDRESS Blanchsville Ky.