

1 PLACE OF DEATH
 County Barron
 State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 File No. _____
 Registered No. _____
 Vol. No. Sanders 14 Registration District No. 42
 Inc. Town _____ Primary Registration District No. 40243
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME and street and number)

2 FULL NAME Hugh William McCloud
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident, give city or town and State)
 Low long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male (COLOR OR RACE) White 4 Single-
 Married Single
 Widowed or Divorced
 (Write the word)
 5 DATE OF DEATH June 6, 1931
 (Month) (Day) (Year)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased

from _____ 19 _____ to _____ 19 _____,

that I last saw him alive on June 6, 1931,

and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Gastrointestinal intestinal

in digestion

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED _____

if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Quinn G. Polunski, M. D.

6-7, 1931 (Address) Blagovestky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury, and (2) whether

Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Polk's Log June 7, 1931

20 UNDERTAKER ADDRESS

H. P. Williams & Co Blagovestky

Registrar

4 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. _____

(b) General nature of industry, business or establishment in which employed (or employer). _____

9 BIRTHPLACE (city or town)

(State or country) Ky. James McCloud

10 NAME OF FATHER

Druey McCloud

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ky.

12 MAIDEN NAME OF MOTHER

Frances Peden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ky.

14 (Informant) Mrs. Earnest Peden

(Address) Simple Hill

15 Filed June 7, 1931

Anna Biggs

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be 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.

MARGIN RESERVED FOR INDEXING