

COMMONWEALTH OF MASSACHUSETTS  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 23085  
Registered No. \_\_\_\_\_

1 PLACE OF DEATH

County Newbury

Vet. Post Beach Creek

Registration District No. 1092

Inn. Town \_\_\_\_\_ Primary Registration District No. 6827

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME De Loise Jean McCloud

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Single  
Married Widowed  
Widowed or Divorced  
or Divorced (Write the word)

6a If married, widowed, or divorced  
HUSBAND OF \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH May 30 1929  
(Month) (Day) (Year)

7 AGE 1 yrs. 4 mos. ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 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) Newbury Co  
(State or country)

PARENTS  
10 NAME OF FATHER Henry W. McCloud  
11 BIRTHPLACE OF FATHER (city or town) London Co  
(State or country)  
12 MAIDEN NAME OF MOTHER Viola English  
13 BIRTHPLACE OF MOTHER (city or town) Newbury Co  
(State or country)

14 (Informant) Edith English  
(Address) Beach Creek Mass

15 Filed 10/1, 1935 Victor Jenkins  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30 1935  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 1935 to Sept 30 1935, that I last saw her alive on Sept 30 1935, and that death occurred on the date stated above at 7 P.M.

The CAUSE OF DEATH\* was as follows:  
Practical Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Edema of Lung  
(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) W. F. Richardson, M. D.  
Sept 30 1935 (Address) Beach Creek Mass

\*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 Very St. Chapel DATE OF BURIAL 10/1 1935

20 UNDERTAKER Victor Jenkins ADDRESS Beach Creek Mass

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.

INDEXED SEPARATELY FOR MEN