

Fuller, Georgia Alice McCloud 1894 - 1929

D. V. Form 2
 MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated 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.

1 PLACE OF DEATH (Dist. No. 0633) Series No. 122 Division of Vital Statistics
 (To be inserted by local Registrar)
 County Cabell West Virginia State Department of Health
 District Kyle CERTIFICATE OF DEATH 8371
 (For State Reg. use only)
 Town or City Huntington No. Kessler-Hatfield Hospital Ward
 (if death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Fuller
 (a) Residence No. Williamson, W. Va. St., _____ Ward _____
 (Usual place of abode) (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 9 days. How long in U. S. A., if of foreign birth yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>		16 DATE OF DEATH (Month, day and year) <u>June 2nd, 1929</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>Alonzo Fuller</u> (Give full maiden name)				17 I HEREBY CERTIFY That I attended deceased from <u>May 24th</u> , 19 <u>29</u> to <u>June 2nd</u> , 19 <u>29</u> that I last saw her alive on <u>June 1st</u> , 19 <u>29</u> and that death occurred on date stated above, at <u>2-A. M.</u>	
6 DATE OF BIRTH (month, day and year) <u>July 21st, 1894</u>				The CAUSE OF DEATH was as follows: (Primary or beginning cause) <u>Secondary Anemia</u>	
7 AGE		Years <u>34</u>	Months <u>10</u>	Days <u>11</u>	If LESS than 1 day... hrs. or min.
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.				18 Where was disease contracted, if not at place of death? Did an operation precede death? <u>No</u> Date of..... Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>A. K. Kessler</u> M. D. (Address) <u>Huntington, W. Va.</u>	
9 BIRTHPLACE (city or town) (State or country) <u>Logan, Co., W. Va.</u>				19 PLACE OF BURIAL Cremation or Removal Date of Burial <u>6/3/29</u> Address <u>Huntington, W. Va.</u>	
10 NAME OF FATHER <u>Louis McCloud</u>				20 U. S. Registrar <u>A. K. Kessler</u>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Logan, Co., W. Va.</u>					
12 MAIDEN NAME MOTHER <u>Evyline Elkins</u>					
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Logan, Co., W. Va.</u>					
14 SIGNATURE OF INFORMANT (Address) <u>Alonzo Fuller</u> <u>Williamson, W. Va.</u>					
15 Received <u>June 3, 1929</u> <u>Lucie D. Chapman</u> REGISTRAR					