# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

20318

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 91
City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Walter L. Logan
(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1916

7. AGE — YEARS: 11 — MONTHS: — DAYS: 28 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Slater
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jesse R. Logan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Slater
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Inez Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT J. R. Logan
(Address) Slater, Mo

15. FILED 6/30, 1927 D. F. Manning
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1927

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1927, to June 29, 1927 that I last saw him alive on June 29, 1927, and that death occurred, on the date stated above, at 11.45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tetanus, caused by accidental explosion of cap of toy pistol, producing flesh wound of hand (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 29 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Slater, Mo.
DID AN OPERATION PRECEDE DEATH? NO. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) D. F. Manning, M. D
6/30, 1927 (Address) Marshall, Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Slater, Mo — DATE OF BURIAL: July 2 1927

20. UNDERTAKER: James and Salzer — ADDRESS: Slater, Mo

N. B.—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.