WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

9177

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 200 East 44th St. St. Ward)

2. FULL NAME Dr. James Elmore Logan

(a) Residence. No. 200 East 44th St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	66	5	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jessamine County
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER William G. Logan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln Co.
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mildred Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jessamine Co.
(STATE OR COUNTRY) Kentucky

14. INFORMANT Geo B Richards
(Address) 4526 Warwick Blvd

15. FILED 3/26, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 15, 1927, to Mch 23, 1928 that I last saw him alive on Mch 23, 1928, and that death occurred, on the date stated above, at 12:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cardio vascular disease

over (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) complete urinary suppression

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sym & Phys Signs

(Signed) R. T. Swan, M. D

3-24, 1928 (Address) Rialto Bldg

*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~~ Mt Washington — DATE OF BURIAL 3/26 1928

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

1125 Rialto Bldg.
hours - 1 - 4 P.M.