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

Do not use this space.
21570

1. PLACE OF DEATH
County: Randolph — Registration District No.: 735 — File No.:
Township: — Primary Registration District No.: 3934 — Registered No.: 134
City: Moberly (No. Wabash Hospital St. Ward)

2. FULL NAME: George A. Logan
(a) Residence. No. 598 No. Morley 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 23rd 1888

7. AGE: Years 39 | Months 6 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Ia
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: James Logan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Lavina Summers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ill.
(STATE OR COUNTRY)

14. INFORMANT: Mrs Tabetha Logan
(Address): Moberly Mo.

15. FILED: June 30 1928 Dr. C. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to June 28, 1928 that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute gangrenous appendicitis
1244 | 1 | 7 | a
(duration) yrs. mos. 8 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 23
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) R. D. Streeter, M. D
6-30, 1928 (Address) Moberly, 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: La Plata Mo — DATE OF BURIAL: 7-1st 1928
20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly Mo