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

Do not use this space.

26410

1. PLACE OF DEATH
County: Boone
Township: Cedar
City: ..... (No. ....., ... St., ... Ward)

Registration District No. 71
Primary Registration District No. 5110 A
File No. .....
Registered No. 19

2. FULL NAME: Francis Logan

(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: male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29-1911

7. AGE: 17 YEARS, 2 MONTHS, 13 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Boone Co
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Howard Logan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Boone Co Mo
12. MAIDEN NAME OF MOTHER: Ida Hayes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Callaway

14. INFORMANT: Howard Logan
(Address): Ashland Mo

15. FILED 9-6, 1928 Arch Nichols
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-13 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1928, to Aug 12, 1928, that I last saw he alive on Aug 12, 1928, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis,
1 day
12 hr
120 D
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Gastro Enteritis, from about
Vomiting Pain (duration) ..... yrs. ..... mos. 10 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? Clinical Symptoms
(Signed) J. H. Hardy M.D.
8/13-1928 (Address) Columbia 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: Log Providence Cemetery
DATE OF BURIAL: 8-14 1928

20. UNDERTAKER: A. C. Freeman
ADDRESS: 510 N 4th St

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Boone — Registration District No.: 71 — File No.:
Township: Cedar — Primary Registration District No.: 5110A — Registered No.: 19
City: (No. , St. Ward)

2. FULL NAME: James Logan

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	17	2	13	

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

9. BIRTHPLACE (CITY OR TOWN): Boone county
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Howard Logan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Boone county, Mo.
12. MAIDEN NAME OF MOTHER: Ida Hays
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Calloway County

14. INFORMANT: Howard Logan
(Address): Ashland, Mo.

15. FILED 9-6, 19 28 — A Nichols. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-13 19 28

17. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 19 28 to Aug. 12, 19 28, that I last saw him alive on Aug. 12, 19 28, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

drinking about 1 oz of Poison Red used to cure Lung Jaundice

Gastro Enteritis from

CONTRIBUTORY (SECONDARY) irritating poison.

About (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) J. H. Hardy, D.O. XXXX M.D.
, 19 (Address) Columbia, 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: Log Providence Cemetery — DATE OF BURIAL: 8-14 19 28

20. UNDERTAKER: A. C. Freeman — ADDRESS: 510 N. 4 St.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PERMANENT RECORD

S-24410