EC 26 1928

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

Do not use this space.

36008

1. PLACE OF DEATH
County Bates
Township West Boone
City ..... (No. ..... St. ..... Ward)

Registration District No. 52
Primary Registration District No. 5080

File No. .....
Registered No. 6

2. FULL NAME Richard La Verne 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 White
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) Apr-24-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	7	25	

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

9. BIRTHPLACE (CITY OR TOWN) Near Merwin
(STATE OR COUNTRY) Bates Co. Mo.

PARENTS

10. NAME OF FATHER F. B. Logan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stanford
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Helen Amotora Malone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iola
(STATE OR COUNTRY) Kansas

14. INFORMANT F. B. Logan
(Address) Merwin Mo.

15. FILED 11-30 1928 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-29" 1928

17. I HEREBY CERTIFY, That I attended ~~deceased from~~ on Nov 29, 1928 to ....., 19.....
that I last saw him alive on Nov 29, 1928, and that death occurred, on the date stated above, at 11:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Disseminated Bronchial Pneumonia
1 DAY
..... (duration) ..... yrs. ..... mos. 1 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) B. O. Hartwell, M. D
, 19 (Address) Drexel 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 K. C. Mo.
DATE OF BURIAL Dec-1-1928

20. UNDERTAKER J. B. Hays
ADDRESS Drexel Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Bates — Registration District No. 52 — File No.
Township West Boone — Primary Registration District No. 5080 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Richard LaVerne 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

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

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

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 11/30, 1928 E E Shockey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.., that I last saw h... alive on ..., 19.., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Disseminated Bronchial pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1000 yrs. mos. ds.

Did Bronchial Pneumonia follow measles or whooping cough?

18.

20. UNDERTAKE No

SUPPLEMENTARY

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

5-36008