

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

Do not use this space.

42964

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 1304-77 Grand)

File No. ....

Registered No. 12238

St. ....

Ward)

**2. FULL NAME**

(a) Residence, No. ....  
(Usual place of abode)

Johanna Logan

Ward. ....

(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

Female

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

Robert Logan

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

Feb 14 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

64

10

10

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)

(STATE OR COUNTRY)

Scotland

10. NAME OF FATHER

Duncan Matheson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

12. MAIDEN NAME OF MOTHER

Ann Monroe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

PARENTS

14.

INFORMANT

(Address)

Robert Logan

1304 77 Grand

15.

FILED

16

19

Wm C Stanley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 19 28

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..... 4:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Lobor  
109 Pneumonia  
97 (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerney, M.D.  
12/15, 1928 (address) Dep. Coran

\*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

DATE OF BURIAL

Valhalla

12-17 19 28

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2039 Wash St

WRITE PAINLY, 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.

1860