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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 16347

Township ..... Primary Registration District No. 1003 Registered No. 4887

City St. Louis (No. St. Lukes Hosp't St. 12 Ward)

2. FULL NAME John T. Logan

(a) Residence. No. Texarkana Ark St., 12 Ward. Texarcanna Tex.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 1 1865

7. AGE: 63 YEARS, 4 MONTHS, 11 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Mansfield
(STATE OR COUNTRY): Louisiana

PARENTS
10. NAME OF FATHER: Joshua L. Logan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): S. Carolina
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): —

14. INFORMANT: Joshua T. Logan
(Address): Texarkana Ark

15. FILED: APR 15 1929 Max C. Tarley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1929, to Apr 13, 1929, that I last saw him alive on April 13, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bowel obstruction
122B
11862
(duration) ..... yrs. ..... mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF April 11 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Xray
(Signed) Leith H. Slocumb, M. D.
4-13, 1929 (Address) Missouri 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: Texarkana Ark
DATE OF BURIAL: April 13 1929

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive

Jw. 5646