

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

Do not use this space.

23628

**1. PLACE OF DEATH**

County Vermon  
Township Washington  
City Washington (No. ....)

Registration District No. 875  
Primary Registration District No. 6162

File No. ....  
Registered No. 157  
St. .... Ward

**2. FULL NAME**

Logan, Sylvester Harry  
(a) Residence. No. St. Hosp #3 Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE wh. 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) Feb. 6<sup>th</sup> 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28      3      22

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Barton Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER David Harry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barton Co. Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Shepherd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Joseph Co. Mo.  
(STATE OR COUNTRY)

14. INFORMANT Brother  
(Address) Pittsburg, Kas. - R. # 6

15. FILED 7/10/29 E. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6. 29<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from June 17<sup>th</sup>, 1929, to June 29<sup>th</sup>, 1929 that I last saw him alive on 6. 29, 1929, and that death occurred, on the date stated above, at 9:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1. Manic exhaustion  
(duration) ..... yrs. .... mos. 12 ds.  
2. Manic depression  
(SECONDARY) type  
psychotic; manic (duration) ..... yrs. 1 mos. 6 ds.

**18. WHERE WAS DISEASE CONTRACTED**

WHERE AT PLACE OF DEATH: Pittsburg, Kas. R. # 6.

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHY TEST CONFIRMED DIAGNOSIS? technical phenomena  
(Signed) Scott P. Child, M. D.  
, 19 29 (Address) State Hosp. # 3

\*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 Pittsburg Kas. DATE OF BURIAL June 29<sup>th</sup> 1929  
20. UNDERTAKER Allen C. Hays, Nevada Mo  
ADDRESS

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.

DEPARTMENT RECORD

108  
1929

W. H. ...  
C. ...  
...