103
29 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39499

1. PLACE OF DEATH
County: Stoddard
Township: Duck Creek
City: Puxico (No. ..... St. ..... Ward)

Registration District No. 840
Primary Registration District No. 6102

File No. .....
Registered No. 61

2. FULL NAME Nadine Logsdon

(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: F
4. COLOR OR RACE: W
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) May 5 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	5	21	

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) Bloodvault
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Clitus Logsdon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Puxico Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nettie Dicker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brownwood
(STATE OR COUNTRY) Mo

14. INFORMANT Elisha Logsdon
(Address) Puxico Mo

15. FILED Nov 4, 1929 E. L. Hope
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1929, to Nov 21, 1929 that I last saw him alive on Nov 21, 1929 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Throat = Pneumonia
Pulmonary Tuberculosis
1 1/2 (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) 109 P
..... (duration) ..... yrs. ..... mos. ..... 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? .....
(Signed) E. L. Edmond, M. D.
11/21, 1929 (Address) Puxico 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: Duck Creek Cemetery
DATE OF BURIAL: Nov 21 1929

20. UNDERTAKER: Hickman White Store Co
ADDRESS: Puxico Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.