

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

Do not use this space.

300

**1. PLACE OF DEATH**

County Buchanan Registration District No. 82  
 Township Washington Primary Registration District No. 5127  
 City Dr. C. R. Woodson Sanitarium St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 10

**2. FULL NAME Louis Sublett Logan**

(a) Residence No. 408 North 11th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single,</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	53	5	6	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work civil Engineer,  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired,  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,  
 (STATE OR COUNTRY) Missouri,

PARENTS	10. NAME OF FATHER <u>John S. Logan Sr.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Shelbyville,</u> (STATE OR COUNTRY) <u>Kentucky,</u>
	12. MAIDEN NAME OF MOTHER <u>Emma P. Cotton,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Versailles,</u> (STATE OR COUNTRY) <u>Kentucky,</u>

14. INFORMANT Mrs. John S. Logan, Jr.  
 (Address) 1906 North 22nd Street.

15. FILED 1-17-30 J. J. Banasack  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1930

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1926 to Jan 16, 1930 that I last saw him alive on Jan 16, 1930, and that death occurred, on the date stated above, at 7:50 A. M.

**THE CAUSE OF DEATH WAS AS FOLLOWS**

Heart Disease

95H

**CONTRIBUTORY (SECONDARY)**

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 clinical  
 (Signed) J. J. Banasack M. D.  
116, 1930 (Address) 429 1/2 Jackson St. St. Joseph, 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 <u>Mount Mora Cemetery,</u>	DATE OF BURIAL <u>Jan. 17, 1930</u>
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20. UNDERTAKER <u>Heaton, Be. Gale &amp; Bowman</u>	ADDRESS <u>319 S. 10 St.</u>
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Funeral Home

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.

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