

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

Do not use this space.

4256

1. PLACE OF DEATH
County Callaway,
Township Fulton,
City (No.) St. Ward)

Registration District No. 104
Primary Registration District No. 5153

File No.
Registered No. 34
St. Ward)

2. FULL NAME Lester Clayton 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Sallie Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb, 25th, 1861</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>11</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor,
(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) Mo,

PARENTS

10. NAME OF FATHER <u>Sylvester Logsdon,</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky,</u>
12. MAIDEN NAME OF MOTHER <u>Sallie Edge,</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky,</u>

14. INFORMANT E, L, Logsdon,
(Address) Sturgon, Mo,

15. L. E. 22, 30 Q. N. Creese
FILED. 19 30 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-21 1930

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1930 to July 20, 1930
that I last saw h. alive on July 20, 1930, and that death occurred, on the date stated above, at About 1, A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
102
Hyper-tension (duration) yrs. mos. 78. ds.

CONTRIBUTORY (SECONDARY) Hyper-tension
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1/4 West
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS Phys. examination
(Signed) R. Hall M. D.
, 19 (Address) Fulton 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 Stephens, Mo,
DATE OF BURIAL 2/23/30,

20. UNDERTAKER Herndon-taylor Furn-Co,
ADDRESS Fulton, Mo,

WRITE PLAINLY, WITH ONE DING AND 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.

WAR 25 1930

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