

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

Do not use this space.

26680

**1. PLACE OF DEATH**

County .....

Registration District No. 701

Township .....

Primary Registration District No. 1003

City St. Louis (No. St. Luke's Hospital)

File No. ....

Registered No. 7859

St. .... Ward)

**2. FULL NAME**

Laura W Logan

(a) Residence, No. 4009 Lindell St., 19 Ward.

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72      2      9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Unknown Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Ellen Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

17. INFORMANT B. N. Gustate (ADDRESS) 4009 Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 16 1931

19. UNDERTAKER Arthur J. Donnelly and Co. (ADDRESS) 2039 North St.

20. FILED Jul 15 1931 Wm C. Farley Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-1931

22. I HEREBY CERTIFY, That I attended deceased from August 9 1929, to July 14 1931

I last saw her alive on July 14 1931. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cavernous sinus thrombosis  
Furuncle of nose  
9:30  
6:20  
2:10

Date of onset July 17, 1931  
1928  
1928

Other contributory causes of importance: Pernicious anaemia  
Chronic myocarditis

Name of operation ..... Date of operation .....  
What test confirmed diagnosis? Blood Physical exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) Wm Becke M. D.  
(Address) 3720 Washington

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.

Miss Mary Kelly.