WRITE PLAIN[redacted], WITH UNFADING INK--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.

DEC 23 1931

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

Do not use this space.

33477

1. PLACE OF DEATH
County Nodaway Registration District No. 630 File No.
Township Monroe Primary Registration District No. 5832 Registered No.
City (No. , St. Ward)

2. FULL NAME Joseph Warren Logan

(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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1854

7. AGE Years 77 Months 6 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer,
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) 1906
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co., Mo.

FATHER
13. NAME John A. Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Annie Crane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT A. Pearl Logan,
(ADDRESS) Skidmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Skidmore, Mo. DATE Nov 22, 1931

19. UNDERTAKER Campbell Funeral Home,
(ADDRESS) Maryville, Mo.

20. FILED Dec 1 1931 Dr. H. Manning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX. Death is said to have occurred on the date stated above, at 7.30 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Angina pectoris 11/20

94A

94A

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none 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? no
If so, specify
(Signed) Chas D Humberd M.D.
Nov 20, 1931 (Address) Coroner, Nodaway Co., Mo.