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

Do not use this space.

670

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. Veterans Hospital St. 3rd Ward)
File No.
Registered No. 10

2. FULL NAME LOGAN, William K.C.Mo.
(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 1415 E. 4th St.,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 1890

7. AGE: Years 42; Months 1; Days unknown; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: car washer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Fred Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Ann Washington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Hospital Records, Vets. Hosp. Excelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE 4 Leavenworth, Kansas. DATE 1-14-33, 19

19. UNDERTAKER (ADDRESS): John C. Prather Ex Spgs Mo.

20. FILED 1-16 1933 J. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1933, to Jan. 14 1933, 19
I last saw him alive on Jan. 14 1933, 19 Death is said to have occurred on the date stated above, at 7:30 am
The principal cause of death and related causes of importance were as follows:

Ruptured sacular aneurism, thoracic aorta

Other contributory causes of importance: Hemothorax left

Date of onset

Name of operation: none Date of
What test confirmed diagnosis? postmortem Was there an autopsy? yes

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 unknown
(Signed) GARRETT V. JOHNSON, M. D.
(Address) Excelsior Springs, Mo.

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.