

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

Do not use this space.

22040

1. PLACE OF DEATH
 100 County Scott Co Mo Registration District No. 1157
 66 Township Scott Primary Registration District No. 488
 3 City Farmers (No. _____ St. _____ Ward _____)

2. FULL NAME Mrs Inez 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr A. H. Logsdon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Cardinal Ill
 13. NAME Boyd Pate
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana State
 15. MAIDEN NAME Mary Rigger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT Mrs A. H. Logsdon
 (ADDRESS) Farmers Mo
 18. BURIAL, CREMATION, OR REMOVAL Cape Girardeau Mo
 PLACE Louise County DATE June 15, 1933
 19. UNDERTAKER Burke & Howell
 (ADDRESS) Cape Girardeau Mo
 20. FILED 6-11-33 G. F. H. Coy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 13, 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1933, to June 13th, 1933
 I last saw her alive on 6-13-1933. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Beck's Hemorrhage
828
828
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) J. J. Barnum, M. D.
 (Address) Pomfret Ill

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1933

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