

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

Do not use this space.

EX-24 1934

1. PLACE OF DEATH

County Pulaski
Township Culler
City Magnaville (No., St. Ward)

Registration District No. 713
Primary Registration District No. 4425

File No. 6116
Registered No.

2. FULL NAME

MAUD ETHEL 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MARION LOGAN</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/24/89</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>5</u>	<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) <u>Aug. 1933</u>
	11. Total time (years) spent in this occupation <u>1 1/2</u>

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

13. NAME W. L. Vaught

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo.

15. MAIDEN NAME Sarah Jane Clark

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

17. INFORMANT W. L. Vaught
(ADDRESS) Magnaville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trident Hill Cem. DATE 3/11 1934

19. UNDERTAKER J. L. Hays & Sons
(ADDRESS) Trident Hill

20. FILED 3/11 1934 C. G. Talbot
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1933, to Feb. 25, 1934

I last saw her alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Carcinoma of uterus Date of onset

Other contributory causes of importance:

Was treated and operated at Barnard Skin Cancer Hosp.
(Name of operation) sheep brain Date of 1933
What test confirmed diagnosis? Lab. 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 no, 19...
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) C. G. Talbot, M. D.
(Address) Magnaville

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.

