WRITE PLAINLY, 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.

MAR 24 1934

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

Do not use this space.

7345

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 1123 — File No.

Township Cumulet — Primary Registration District No. 624803 — Registered No. 62

City Jefferson-Barracks, Mo (No. Veterans' Administration Facility St. Ward)

**2. FULL NAME** Clarence T. LOGWOOD

(a) Residence, No. 4042 Cook Ave., St. Louis, Mo. 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: MALE
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Lela Logwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 25, 1887

7. AGE: YEARS 46 — MONTHS 2 — DAYS 29 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber (last emp.) Chauffeur *Pre-War

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frank Mann, Barber Shop

10. Date deceased last worked at this occupation (month and year): January, 1934

11. Total time (years) spent in this occupation: 7 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texarkana, Arkansas

FATHER

13. NAME: Mike Logwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

MOTHER

15. MAIDEN NAME: Mollie Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Texas

17. INFORMANT (ADDRESS): C.H. SMITH, M.D., Clinical Director Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Mar. 3, 1934

19. UNDERTAKER (ADDRESS): Charles J. Bates 4107 Finney Avenue

20. FILED Mar 1 1939 B. F. Tate M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1934, to February 24, 1934

I last saw him alive on February 24, 1934. Death is said to have occurred on the date stated above, at 8:55 P.M.

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

| | Date of onset |
|---|---|
| Nephritis, chronic, complicated with Uremia | Unkn. |
| Other contributory causes of importance: Hypertension and Anemia | Unkn. |

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Name of operation None Date of

What test confirmed diagnosis? History, physical & Laboratory findings 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

(Signed) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.