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.

JUL 3 - 1934

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

Do not use this space.

File No. 22736

Registered No. 211

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1173

Township Carondelet Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. Veterans Administration Facility St. Ward)

**2. FULL NAME** LOGAN, Grover C.

(a) Residence, No. 511 So. Broadway, St. Louis, Missouri. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single. |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1899

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 34 | 9 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal R.R.

10. Date deceased last worked at this occupation (month and year) Abt. 2 yrs. ago

11. Total time (years) spent in this occupation Abt. 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Missouri

FATHER

13. NAME William Logan,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky

MOTHER

15. MAIDEN NAME Martha Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Indiana

17. INFORMANT E. S. TAILAGHER M.D. Acting (ADDRESS) Vet. Adm. Fac. Jeff. Barks., Mo. Director

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston Mo DATE 6-22 1934

19. UNDERTAKER Albert H. Lopke Jr. Mo (ADDRESS) 427 N. Euclid Ave

20. FILED 6-19 1934 B. H. Tate M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to June 19, 1934

I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at 11:25 mAM

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

| | Date of onset |
|---|---|
| Cirrhosis of liver, portal type | Unk |

Other contributory causes of importance: None.

Name of operation Paracentesis abdominalis Date of 6-18-34

What test confirmed diagnosis? Clinical, x-ray findings. 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?

If so, specify

(Signed) E. S. GIBSON M.D. Manager M. D.

(Address) Vet. Adm. Fac. Jeff. Barks., Mo.