

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi Registration District No. 566
 Township Franklin Primary Registration District No. 3030
 City Charleston (No. _____) St. _____ Ward _____

File No. 25563
 Registered No. 106

2. FULL NAME W. B. Logan Charleston Mo

(a) Residence, No. 107 N 5th 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>Male</u>	4. COLOR OR RACE <u>Wh</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>Martha Logan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 - 1848</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	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) <u>Louisville Ky</u>		
MOTHER	13. NAME <u>Jas. Logan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	15. MAIDEN NAME <u>Effie - Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT <u>Ramon Logan</u> <u>Charleston Mo.</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Fellows Cem</u> DATE <u>July 23, 1934</u>		
19. UNDERTAKER <u>Frank Hair</u> <u>Charleston Mo.</u> (ADDRESS)		
20. FILED <u>July 23, 1934</u> <u>J. J. Vernon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH 6 P. 7

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

22. I HEREBY CERTIFY, that I attended deceased from July 10, 1934 to July 21, 1934
 I last saw him alive on July 21, 1934. Death is said to have occurred on the date stated above, at 6p m.
 The principal cause of death and related causes of importance were as follows:
Uremia following Date of onset 7/17
Ch. Intestines Alphritis one or more years
1928 1931
 Other contributory causes of importance:
Arteriosclerosis one or more years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) W. S. Love, M. D.
 (Address) Charleston, Mo.

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.

AUG 16 1934

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