

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.

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

Do not use this space.

1029.g.
Shawhan
CR

OCT 16 1934

1. PLACE OF DEATH

County Buchanan
Township Nashington
City St Joseph

Registration District No. 51286
Primary Registration District No. 5127

File No. 32073
Registered No. 86
St. _____ Ward _____

2. FULL NAME

Arthur Edward Logaburn

(a) Residence, No. Stop Saw Road #1 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Odellia Logaburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1889

7. AGE YEARS 45 MONTHS 1 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Toxalo Gas Station

10. Date deceased last worked at this occupation (month and year) Sept 10 1934 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

13. NAME Nicholas Logaburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercury Missouri

15. MAIDEN NAME Unknown France

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buch Ro. Missouri

17. INFORMANT (ADDRESS) Misc. Logaburn St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-75 1934

19. UNDERTAKER (ADDRESS) Fleeman Mortuary Inc St Joseph Mo

20. FILED 1029 1934 St Joseph Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1934

22. I HEREBY CERTIFY That I attended deceased from Sept 22 1934 to Sept 22 1934
I last saw him alive on Sept 22 1934 Death is said to have occurred on the date stated above, at 10:15 A.M.

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

acute alcoholism (Date of onset) 8/19/34
75A
75B

Other contributory causes of importance: Delirium tremens

Name of operation _____ Date _____
What test confirmed diagnosis? Physical Examination 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? no
If so, specify _____

(Signed) W. H. Thompson M. D.
(Address) 825 Charles

