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.

NOV 13 1934

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

Do not use this space.

36547

1. PLACE OF DEATH

County Lewis — Registration District No. 481 — File No. 4

Township — Primary Registration District No. 4290 — Registered No. 9

City Lewistown (No. , St. Ward)

2. FULL NAME John William Logan

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Jane Shumate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21.1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	8	17	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME James S. Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I Ireland

MOTHER

15. MAIDEN NAME Sarah Vincent

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

17. INFORMANT (ADDRESS) Mrs. Riley Tapscott Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle, Mo. DATE Oct. 10, 1934

19. UNDERTAKER (ADDRESS) James A Coder Lewistown, Mo.

20. FILED Oct 9 1934 James A Coder Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to Oct 8, 1934

I last saw him alive on Oct 7, 1934 Death is said to have occurred on the date stated above, at 2.10 p.m.

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

Heart Failure — Date of onset Years

82 a

Other contributory causes of importance:

Arterio Sclerosis and Apoplexia; June,

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Harry L. McGrachen D.C. ~~M.D.~~

(Address) Lewistown Mo.