

WHITE 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.

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

Do not use this space.

JAN 1 8 1935

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1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp Wagon Primary Registration District No. 1002
 City Kansas City (No. 503 Olive) St. _____ Ward _____

File No. _____
 Registered No. 2257
 St. _____ Ward _____

2. FULL NAME

Charles Lewis Logan
 (a) Residence, No. 503 Olive 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1933				
7. AGE	YEARS 1	MONTHS 1	DAYS 19	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant			
	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri				
FATHER	13. NAME J. C. Logan			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas			
MOTHER	15. MAIDEN NAME Hattie Bryant			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT (ADDRESS) J. C. Logan 503 Olive				
18. BURIAL, CREMATION, OR REMOVAL: PLACE <u>Belton, Mo</u> DATE <u>Dec 28, 1934</u>				
19. UNDERTAKER (ADDRESS) St. Louis 2235 W. 11th St. St. Louis				
20. FILED 127 26, 1934 M. O. Logan Asst. Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1934 to Dec 26, 1934
 I last saw him alive on Dec. 26, 1934. Death is said to have occurred on the date stated above, at A. m. 12:10
 The principal cause of death and related causes of importance were as follows:

<u>Branch Pneumonia</u>	Date of onset <u>2 hrs</u>
<u>107A</u>	
<u>107A</u>	
<u>Melancholia</u>	<u>6 hrs</u>

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) C. M. Carroll, M. D.
 (Address) 1530 Summit

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