

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.

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

Do not use this space.

FEB 20 1935

1. PLACE OF DEATH

County Rudeman
Township St Joseph Mo
City St Joseph Mo (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No. 275
Registered No. 98
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2-1882

7. AGE YEARS 52 MONTHS two DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irish Logan Iowa

13. NAME Robert Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabikon Iowa

15. MAIDEN NAME Effie Gollinger

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

17. INFORMANT Mrs. Lena Logan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Salern DATE Jan 25 1935

19. UNDERTAKER Campbell Funeral Home (ADDRESS)

20. FILED 64 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1935

22. I HEREBY CERTIFY That I attended deceased from 1/15/35 1935 to Jan 23 1935. I last saw him alive on Jan 23 1935. Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Case pneumonia of throat
5/5/33

Other contributory causes of importance:

Name of operation Tracheotomy Date of 1/17/35
What test confirmed diagnosis? Microscope Were an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 1 1935

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) J. M. Ryan M. D.

(Address) Missouri

