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

DEC 10 1935

Do not use this space.

File No. 36559

Registered No. 35

1. PLACE OF DEATH

County: Lawrence — Registration District No. 469

Township: — Primary Registration District No. 4281

City: Marionville (No. ..... St. ..... Ward)

2. FULL NAME William Andrew Tobias 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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mary E Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11 1861

7. AGE: Years 74 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Logan Mo

FATHER

13. NAME: John Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Harriet Hendricks

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

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Marionville DATE: 11-18-35

19. UNDERTAKER (ADDRESS): Bradford Funeral Home Marionville

20. FILED: Dec 10 1935 Laura O. Cannady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1935 to Nov 16 1935

I last saw him alive on Nov 16 1935. Death is said to have occurred on the date stated above, at 12 30 pm.

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

Apoplexy — Date of onset

Other contributory causes of importance: none

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? .....

If so, specify .....

(Signed) W. M. Holmes, M. D.

(Address) Marionville 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.

100M-11-24-33