

APR 21 1936

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

Do not use this space.

11457

## 1. PLACE OF DEATH

County Linn  
Township Marceline  
City Marceline (No. ....)

Registration District No. 502Primary Registration District No. 4305

File No. ....

Registered No. 15

St. .... Ward)

2. FULL NAME Phoebe Jane Logue

(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 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Admond Logue</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1870</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>13</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Bucklin Mo</u>		
FATHER	13. NAME <u>Asaon Boone</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
MOTHER	15. MAIDEN NAME <u>Phoebe Ann Paddelford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
17. INFORMANT <u>Willis Boone</u> (ADDRESS) <u>Bucklin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>April 1, 1936</u>		
19. UNDERTAKER <u>J. D. Bush</u> (ADDRESS) <u>Marceline Mo</u>		
20. FILED <u>4/1, 1936</u> <u>Oliver Barrett</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 193622. I HEREBY CERTIFY, That I attended deceased from July 23, 1935, to Mar 31, 1936I last saw her alive on Mar 31, 1936. Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Carcinoma of stomach Date of onset  
with metastasis  
over entire body.

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Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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) J. A. Howard  
(Address) Marceline 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.

