

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

Do not use this space.

31326

SFP 24 1936

1. PLACE OF DEATH

County..... Jasper Registration District No. 405
 Township..... Marion Primary Registration District No. 5562
 City..... (No. Carthage, Route 4 St. Ward)

2. FULL NAME..... Elmira Elizabeth Logsdon

(a) Residence, No. Route 4 St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Shaffer Logsdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1869

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
74	11	17	

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

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) Huntsville
 (STATE OR COUNTRY) Missouri

13. NAME Jasper King

14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

15. MAIDEN NAME Emeline Jeffords

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

17. INFORMANT Miss Edna Logsdon
 (ADDRESS) Route 4, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cemetery DATE 1936

19. UNDERTAKER The Ulmer Funeral Home
 (ADDRESS) Carthage, Missouri

20. FILED Aug 22, 1936 J. B. Clinton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936 to Aug 20, 1936
 I last saw her alive on Aug 7, 1936 Death is said to have occurred on the date stated above, at 1:20am

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

Uremia
Chronic Nephritis

Date of onset

(7)

Other contributory causes of importance:

Heat Exhaustion 2 wks.
Senility

Name of operation none Date of
 What test confirmed diagnosis? physical 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? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) George H. Wood, M. D.
 (Address) Carthage, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. No information should be carelessly supplied. AGE should be stated EXACTLY. PHYSICIANS should state

