

DEC 18 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 40768
Registered No. 323
St. _____ Ward _____

1. PLACE OF DEATH
County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City (No. St. Mary Hosp.)
2. FULL NAME Emma B Logan
(a) Residence, No. Osage city, mo. St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R.B. Logan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24, 1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>housewife.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>-</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage city, mo.</u> <u>Cole</u>		
MOTHER	13. NAME <u>Lawrence Schiemer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Kunegunda Phnemueler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage city, mo.</u>	
17. INFORMANT <u>R.B. Logan</u> (ADDRESS) <u>Osage city, mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverview</u> DATE <u>Nov 27, 1936</u>		
19. UNDERTAKER <u>Busscher Funeral Home</u> (ADDRESS) <u>Jeff city, mo.</u>		
20. FILED <u>11/27/1936</u> <u>Worcester M.A.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 24 1936 to Nov 24, 1936
I last saw her alive on Nov 24, 1936 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Date of onset _____

Other contributory causes of importance:
Fracture left hip
Terminal pneumonia Date of onset Nov 20

Name of operation None Date of _____
What test confirmed diagnosis? Biopsy of heart 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, 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) Leop A Sawyer M. D.
(Address) Jefferson City, Mo.

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.

3701

THE UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. _____

Township _____

Primary Registration District No. 3014

Registered No. 353

City Jefferson city (No. _____) St. _____ Ward _____

2. FULL NAME Emmie B. Logan

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or _____ min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 11/27/1936 W. B. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

_____ last seen alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Chronic Interstitial Nephritis Date of onset _____

Other contributory causes of importance:

Fracture of hip
Terminal pneumonia

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? accident Date of injury 12/25/1936

Where did injury occur? Cole County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fell on cross

Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Leon A. Taylor, M. D.

(Address) Jefferson City, Mo.

SUPPLEMENTAL

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.

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