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

Do not use this space.

19123

1. PLACE OF DEATH JUN 12 1937
County Jackson Registration District No. ..... File No. .....
Township Fair Primary Registration District No. 2 Registered No. .....
City Kansas City (No. 1606 Lydia St. ..... Ward)

2. FULL NAME William J. Logan
(a) Residence, No. 1606 Lydia 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1862

7. AGE 2.85 YEARS 74 MONTHS 9 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. At Home
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) Kentucky.

FATHER
13. NAME ~~Henry~~ Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME Caroline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Carrie Porter 7146 25th Avenue Denver Colo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem DATE 5/22 1937

19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia

20. FILED 5-22 1937 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1937, to 5-14, 1937
I last saw him alive on 5-14-37, 19..... Death is said to have occurred on the date stated above, at 10 25 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Uremia~~	
Parenchymatous Nephritis	
Chronic	
131	

Other contributory causes of importance:
Uremia
~~Parenchymatous Nephritis~~

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) J E Dibble, M. D.
(Address) 1518 E-18th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of COCCIDIOIDEA is very important.