

REC'D MAR 21 1938

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

6037
Do not use this space.

16

1. PLACE OF DEATH
 (a) County Boone ; Registration District No. 73
 (b) Township Columbian Primary Registration District No. 3906 Registered No. 57
 (c) City Columbian (d) Street No. Hayes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME EUGENE ADOLPHUS LOGAN 250
 (a) Residence, No. 507 Rellina St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Terressa Logan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 10
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Federal Gov.
 9. Industry or business in which work was done, as saw mill, bank, etc. Statistician
 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) Missouri

FATHER
 13. NAME Joseph A. Logan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Rachel Coon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Edgar H. Logan
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3-7-38

19. FUNERAL DIRECTOR (ADDRESS) Parker Firm. Co.
Columbian Mo.

20. FILED 3/7/38 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1938
 22. I HEREBY CERTIFY That I attended deceased from Mar. 3 1938 to Mar 5 1938
 I last saw him alive on Mar 5 1938. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion
94 B.
 Date of onset
 Other contributory causes of importance:
Coronary sclerosis

Name of operation Aut. Date of 9/4/38
 What test confirmed diagnosis? Aut. 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? Yes
 If so, specify Dead
 (Signed) Dr. Frank M. D.
 (Address) Columbian 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.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, Tom McHarg, Licensed Embalmer No. 2495
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Tom McHarg
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Tom McHarg
Licensed Embalmer No. 2495

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)