

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.

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

26370

Do not use this space.

1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 765
 (b) Township _____ Primary Registration District No. 4460 Registered No. 10
 (c) City Osceola (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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. ds.

2. PRINT FULL NAME Vivian Logan 250
 (a) Residence, No. Osceola Mo. 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 F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Logan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
51 5 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as 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) Missouri 0
13. NAME Jordan Shaver 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1
15. MAIDEN NAME Florence Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
17. INFORMANT (NAME) (ADDRESS) Mrs. W. W. Lawton
Osceola Mo.
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Osceola Cem DATE 4-7-1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed Kelly
Osceola
20. FILED 6/20 1938 W. K. Seavers
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938
22. I HEREBY CERTIFY, That I attended deceased from DEC, 1937, to April 5, 1938
 I last saw her alive on April 5, 1938. Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:
carcinoma metastatic in lungs and stomach
 Date of onset 50
 Other contributory causes of importance:
Primary in breast caused directly from metastasis
 Name of operation None 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? _____ 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) W. K. Seavers M. D.
 (Address) Osceola Mo.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 4-5-

Registered Apprentice No. _____ working under my personal supervision.

Signed *C. S. Hull*

Licensed Embalmer No. 2097

P. O. Address Osceola

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County St. Clair Registration District No. 765-
 (b) Township _____ Primary Registration District No. 4460 Registered No. 10
 (c) City Osceola (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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. ds.

2. PRINT FULL NAME Virian S. Logan

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938

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

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

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 61 5- 13

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Carcinoma metastatic in lungs & stomach

Date of onset

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

Primary in breast caused directly from injury

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

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? _____ Date of injury about 1929

Where did injury occur? town - Osceola Mo (Specify city or town, county, and State)

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

Manner of injury a small boy hit her on breast making a laceration which left the laceration which was the primary carcinoma

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

(Signed) Ruth Seavers, M. D.

(Address) Osceola Mo

Local Registrar

SUPPLEMENT

REGISTRATION FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

