

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

32360
Do not use this space.

REC'D OCT 21 1938

1. PLACE OF DEATH

(a) County Iron Registration District No. 1159
 (b) Township Bellevue Primary Registration District No. 5549 Registered No. 12
 (c) City (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 Eugene Mathes Logan 250

(a) Residence, No. Bellevue Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Fannie Lee Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1858

7. AGE YEARS 79 MONTHS 7 DAYS 9 IF LESS than 1 day, hrs. or min.

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

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

FATHER 13. NAME James Mallow Logan

14. BIRTHPLACE (CITY OR TOWN) Reynolds Co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ann Stevens

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

17. INFORMANT (ADDRESS) Lem Logan
Bellevue Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo. DATE Sept. 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons
Ironton Mo.

20. FILED Sept 18 1938 Mrs. J. A. Townsend
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937 to September 6, 1938
 I last saw him alive on September 6, 1938 Death is said to have occurred on the date stated above, at 11.55 P.M.

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

cerebral hemorrhage

Date of onset

Other contributory causes of importance:

advanced atherosclerosis

Name of operation none Date of

What test confirmed diagnosis? 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 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) George Gay, M. D.

(Address) Ironton, Missouri

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)