

NOV 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35969

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020
 (c) City Carthage (d) Street No. _____
 (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. ds.

Registered No. _____

2. PRINT FULL NAME

William R Logan
 (a) Residence, No. 403 E. 3rd 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Logan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 3
 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. Quarry Executive
 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) Richview Illinois

FATHER 13. NAME William Logan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

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

17. INFORMANT (ADDRESS) Mark Logan Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE Nov. 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Mortuary Carthage, Mo.

20. FILED Oct. 31, 1938 E. J. McIntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Oct 30 1938
 I last saw him alive on Oct 29 1938 Death is said to have occurred on the date stated above, at 1304 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension
82 M
 Date of onset

Other contributory causes of importance Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Kal 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) BB Chason _____, M. D.

(Address) Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 6,
District File Number 6-38-575

Date Filed NOV 10 1938

STATEMENT BY LICENSED EMBALMER

I, P. W. K. Miller, Licensed Embalmer No. 814

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

L. E.

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

working under my personal supervision.

Signed

P. W. K. Miller

Licensed Embalmer No. 814

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.)