

REC'D APR 6 1939

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

10792

Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township Springfield Primary Registration District No. 2001
(c) City Springfield (d) Street No. 1524 N. Robberson Registered No. 198
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ROMAIN T. M. LOGAN
(a) Residence, No. 1524 N. Robberson 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 Female 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 George J. Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>✓</u>	<u>66</u>	<u>4</u>	<u>"</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Spouse

9. Industry or business in which work was done, as saw mill, bank, etc. In Home

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) Ohio

FATHER

13. NAME Julius Caesar Thomas

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George J. Logan
1524 N. Robberson

18. BURIAL, CREMATION, OR REMOVAL Maple Park Cemetery March 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Klingens
Springfield Mo

20. FILE Mar 6 1939 Chas. H. George 2911
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19..... to....., 19.....
I last saw deceased alive on March 6, 1939. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset

Other contributory causes of importance: H-P

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....., 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?
If so, specify.....
(Signed) J. P. Ferguson, M. D.
(Address) 604 E. Glenn

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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