

1939 JUL 14

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

21423  
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26  
(b) Township \_\_\_\_\_ Primary Registration District No. 3002 Registered No. 81  
(c) City Mexico mo (d) Street No. Audrain Co 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. ds.

2. PRINT FULL NAME

Sam Wilson Logan  
(a) Residence, No. Middletown 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 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 Mittie Logan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 09 10 1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 5 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Ireland

13. NAME Isaac Logan

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

15. MAIDEN NAME Mary Wilson

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

17. INFORMANT (ADDRESS) J. K. Logan

18. BURIAL CREMATION, OR REMOVAL PLACE Middletown mo DATE June 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Critchell + Thibodeau  
Middletown mo

20. FILED June 1 1939 B. Planché Neely Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 19 1939 to June 1 1939  
I last saw him alive on June 1 1939 Death is said to have occurred on the date stated above, at 8:30 PM  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate gland Date of onset 51  
Other contributory causes of importance:  
General arteriosclerosis  
Chronic myocarditis  
Urinary stricture  
Suprapubic cystitis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys findings Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? none (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) T. C. Brashear, M. D.  
(Address) Mexico, Mo

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.

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RECEIVED

District Health Officer No. 10

Number 7-39-1208

JUL-10-1939

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.