

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

32315
Do not use this space.

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 282
 (b) Township Sumner Primary Registration District No. 4166 Registered No. 18
 (c) City Campbell (d) Street No. _____ 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 Simcoen Logsdon
 (a) Residence, No. Campbell 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 Adeline Logsdon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1863

7. AGE YEARS 76 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. 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) (STATE OR COUNTRY) Shawneetown Ill

FATHER 13. NAME John S. Logsdon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind

MOTHER 15. MAIDEN NAME Martha Ann Danvers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Ky

17. INFORMANT (ADDRESS) Adeline Logsdon Campbell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Hill DATE Sept 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Fox
Wolcott, Mo.
E. H. Landies
 Local Registrar.

20. FILED 9-30, 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1939

22. I HEREBY CERTIFY, that I attended deceased from Aug 31, 1939 to Sept 9, 1939
 I last saw in alive on Sept 9, 1939. Death is said to have occurred on the date stated above, at 6:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Other contributory causes of importance: fit

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? no
 If so, specify _____
 (Signed) W. J. Ruttledge, M. D.
Campbell, Mo
 (Address) 56

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. 3;

District File Number 1039-62

Date Filed 10/10/39

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 Hunter Allittow

Licensed Embalmer No. 2940

P. O. Address Boston 7

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.