

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

41045
 Do not use this space.

DEC 25 1939

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039
 (c) City or Nevada (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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James William Logan
 (a) Residence, No. Nevada Mo 805 H. Cedar (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 - 1894

7. AGE YEARS 45 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Nov. 1 - 1939 **11. Total time (years) spent in this occupation** 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co. Missouri

13. NAME Bay Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Ada Yarbors

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Codington Tenn.

17. INFORMANT (ADDRESS) Mrs. James Logan Nevada Mo 805 H. Cedar

18. BURIAL, CREMATION, OR REMOVAL Repton Cemetery DATE Nov 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Terry Funeral Home Nevada Mo

20. FILED Nov. 4 1939 Allen V. House Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Killed in auto wreck
Struck Banister of Bridge
 Other contributory causes of importance:
Skull Fracture at Base of Brain

Name of operation none Date of _____
 What test confirmed diagnosis exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury _____, 19____
 Where did it occur? Highway 54 one mile west of Nevada Mo (Specify city or town, county, and State)
 Specify if it occurred in a residence, in home, or in public place.

Manner of injury Auto Wreck
 Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. E. Terry Coroner
 (Address) Nevada 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.

RECEIVED
District Health Officer No. 7;
District File Number 2-39-1200
Date Filed 2-13-39

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 Personally
....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton R. Winniett
Licensed Embalmer No. 3857
P. O. Address Merada, Mo

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.