

SEP 3 1940

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

29173
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 590
(b) Township Wells Primary Registration District No. 8789
(c) City Middleton (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 250 Elizabeth Logan St. Middleton Mo. R.F. 10
(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 Female 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 Tom Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-23-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 1 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Big Springs Mo.13. NAME Dennis Prior14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT: Maggie Haerer (ADDRESS) Middleton Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis DATE July 15 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) F. W. Fisher Wells Mo.20. FILED July 15 1940 Rich Rigg Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th 1940

22. I HEREBY CERTIFY That I attended deceased from May 20th 1938, to July 14th 1940
I last saw her alive on July 13th 1940 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Date of onset July 10 1940

Other contributory causes of importance:

Chronic Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinary 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) A. Herich M. D.
521 (Address) Middleton Mo.

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 Clifford C. Kurland

Licensed Embalmer No. 3059

P. O. Address Wellsville 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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