

Registration District No. 846

Primary Registration District No. 6283

Registrar's No. 16

NOV OCT 18 1940

1. PLACE OF DEATH:

(a) County Stone  
(b) City or town Hurley  
(c) Name of hospital or institution: none  
(d) Length of stay: In hospital or institution 2  
In this community years, months or days

3. (a) PRINT FULL NAME Loran Allen Logan

8. (b) If veteran, name war none  
8. (c) Social Security No. none

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Viola Logan  
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 11, 1867

8. AGE: Years 72 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business 9

12. Name William E. Logan

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Lavina Patterson

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Logan

(b) Address Hirley, Mo.

17. (a) Burial (b) Date thereof Oct. 3, 1940 (c) Place: burial or cremation Marionville, cem.

18. (a) Signature of funeral director J.W. Maples (b) Address Clever, Mo.

19. (a) 10-4-1940 (b) Registrar's signature H.A. Johnson

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone  
(c) City or town Hurley  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st. year 1940 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1940 to October 1, 1940 that I last saw him alive on October 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pt. sided Hemiplegia! Hypertensive heart disease

Due to disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

762 (Specify type of place) While at work?

(e) Means of injury

23. Signature A.P. [Signature] (M. D. or other)

Address Clever, Mo. Date signed 10-1-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 33324

Registration District No. 846

Primary Registration District No. 6283

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
.....  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Lozan Allen Logan

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 9 21 .....

9. Birthplace.....  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH Month oct day 1st  
year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death  
left sided Hemiplegia  
11. 7. 40.  
Hypertensive Heart Disease

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 95B<sup>2</sup>

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

