

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

Do not use this space.

NOV 25 1935

32516

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Leesville Primary Registration District No. 5501A  
City Leesville (No.     ) St.      Ward)     

2. FULL NAME

Henry David Logan

(a) Residence, No. Clinton at RR 2 Ward.     

(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Almira Logan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31 1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation. <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leesville</u>		
FATHER	13. NAME <u>Pepton Logan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Emily Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Almira Parks</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Chapel</u> DATE <u>Oct 23 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkinson</u> <u>Clinton Mo</u>		
20. FILED <u>10/28 1935</u> <u>J. R. Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22 1935

22. I HEREBY CERTIFY, That I attended deceased from Past 3 weeks 10-22, 1935

I last saw him alive on 10-22, 1935. Death is said

to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

Date of onset

Other contributory causes of importance

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) E. O. Peeler, M. D.

(Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MADE IN RESERVE FOR BINDING

V. NO. 2  
1008-11-24-35

