

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

Do not use this space.

REC'D MAY 19 1939

14970

1. PLACE OF DEATH

42 County Henry 2
Township Keosauhe 1
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 5501A

File No.
Registered No.
St. Ward)

2. FULL NAME

James Logan
(a) Residence, No. Clinton Mo Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mattie Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lightvale Mo

13. NAME Pepton Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Mo

15. MAIDEN NAME Martha Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Mo

17. INFORMANT (ADDRESS) Mattie Logan Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Logan Cem DATE 4-23-39

19. UNDERTAKER (ADDRESS) Fred Wilkerson Clinton Mo

20. FILED 4-29 13980 J. B. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/30 1939, to 4-21 1939.

I last saw him alive on 4-19 1939. Death is said to have occurred on the date stated above, at 9:45 PM.

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

Cerebral Endarteritis
Cerebral Infarct

Other contributory causes of importance: Septic Alkermone

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 Ed. C. Pepton M. D.

(Signed) Ed. C. Pepton 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.

RECEIVED
District Health Officer No. 7
District File Number 7-37-684
Date Filed 5-4-39