

REC'D JUN 21 1939

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

Do not use this space.

## 1. PLACE OF DEATH

H2 County HenryRegistration District No. 347

Township

Primary Registration District No. 3018

City

City Clinton (No. 1)

St.

Ward

## 2. FULL NAME

(a) Residence, No. 2 Elm St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

May Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 11 1864

7. AGE

74

YEARS

5

MONTHS

17

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Retired Cooper

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.....

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

St. Louis Ill

13. NAME

Henry Logan

MOTHER

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

Germany

15. MAIDEN NAME

Maragret Hesser

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

Germany

17. INFORMANT (ADDRESS)

Mrs May Logan Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE 7 30 39

19. UNDERTAKER (ADDRESS)

Corradini & Pech Clinton Mo20. FILED 6-531 Dr J B Thompson Registrar

## MEDICAL CERTIFICATE OF DEATH

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

7 28 1939

22. I HEREBY CERTIFY, That I attended deceased from

10-23 1932, to 7 28 1939I last saw h.j. alive on 5-23 1939 Death is saidto have occurred on the date stated above, at 2 A m.

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

Coronary ThrombosisDate of onset  
12/23/32Myocarditis, ChronicMitral disease

Other contributory causes of importance:

920

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Edw. C. Peeler(Address) Clinton Mo

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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.

50M-10722-36  
U.S. GPO: 1938 O-1 X9314

RECEIVED

District Health Officer No. 7;

District File Number 7-39-901

Date Filed 6-6-39