

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23069

File No. ....

Registered No. 99

1. PLACE OF DEATH

County Muhlenberg

Vet. Post. 94

Inn. Town. Cleaton Ky

Registration District No. 1094

Primary Registration District No. 6842

City..... (No. .... St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Robert Earl Logsdon

(a) Residence. No. .... 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 Male 4. COLOR OR RACE W 5. Single, Married, Widowed, Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH June 29 - 35

7. AGE Years Months Days If LESS than 1 day..... hrs. or..... min. 2 mo 5

8. Trade, profession, or particular kind of work done, as engineer, seaman, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky

13. NAME Wm Logsdon

14. BIRTHPLACE Ky

15. MAIDEN NAME Mabel Denton

16. BIRTHPLACE Ky

17. INFORMANT Wm Logsdon (Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Vernon Date 9-4 1935

19. UNDERTAKER M. O. & Donald & Co (Address) Greenwell Ky

20. FILED 9-4-35 Vannie Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1935 to 9-3 1935. I last saw ret. alive on 9-3 1935, death is said to have occurred on the date stated above, at 8:30 m. The principal cause of death and related causes of importance in order of onset were as follows:

Bronchial Pneumonia Date of onset Sept 2nd  
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Contributory causes of importance not related to principal cause:

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?..... If so, specify.....

(Signed) J. S. G. Hughes M. D. (Address) Central City Ky

Mrs. Vannie Thomas

MARGIN RESERVED FOR BINDING

ORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.