


John S. Logan Death


Certificate



RAY BLANTON
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner


STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219



Wendell Ferguson
STATE REGISTRAR

AUG. 9, 1978

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.


 EUGENE W. FOWINKLE, M.D.
 Commissioner

1 PLACE OF DEATH
County Hamilton #94

Civil Dist. 4 Registration District No. 191

or Village _____ Primary Registration District No. 191

or City Northville (No. Logan area) St. _____ Ward _____

2 FULL NAME John Steed Logan

STATE OF TENNESSEE *Dr. W. H. Fowinkle*
 STATE BOARD OF HEALTH *10 to 12*
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 File No. 658
 Registered No. 5175
[[If death occurred in a hospital or institution, give its NAME instead of street and number.]]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	16 DATE OF DEATH <u>Aug 9, 1918</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH ____ (Month) ____ (Day) ____ (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 8, 1918</u> , to <u>Aug 9, 1918</u> , that I last saw him alive on <u>Aug 9, 1918</u> , and that death occurred, on the date stated above, at <u>89</u> m.	
7 AGE <u>About 87</u>			The CAUSE OF DEATH* was as follows: <u>Auto. Terminal Pneumonia</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Contractor</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>144</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory (secondary) _____ (Signed) <u>W. H. Ferguson</u> , M. D. _____, 191____ (Address)	
10 NAME OF FATHER <u>Sonax Knew</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
11 BIRTHPLACE OF FATHER (State or country)			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
12 MAIDEN NAME OF MOTHER			19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>Wickham Co</u> <u>late</u>	
13 BIRTHPLACE OF MOTHER (State or country)			20 UNDERTAKER ADDRESS <u>Wickham Co</u> <u>late</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>T. H. Logan</u> (Address) <u>Woodbine Branch RR</u>				
15 Filed <u>Aug 9</u> of <u>1918</u> REGISTRAR				

Form V. S. No. 4-100M • POWER & SAVED CO., NASHVILLE

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.