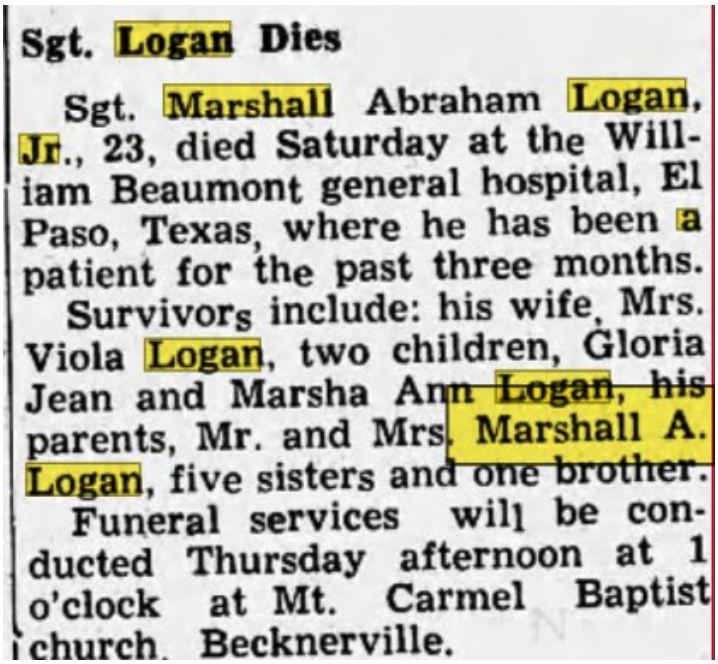
Logan, Marshall A, Jr



Sgt. Logan Dies

Sgt. Marshall Abraham Logan, Jr., 23, died Saturday at the William Beaumont general hospital, El Paso, Texas, where he has been a patient for the past three months.

Survivors include: his wife, Mrs. Viola Logan, two children, Gloria Jean and Marsha Ann Logan, his parents, Mr. and Mrs. Marshall A. Logan, five sisters and one brother.

Funeral services will be conducted Thursday afternoon at 1 o'clock at Mt. Carmel Baptist church, Becknerville.

The Winchester Sun
07 Jul 1943, Wed ·Page 5

Marshall A Logan

in the U.S., World War II Army Enlistment Records, 1938-1946



Add or update information

Report a problem

Detail | Source

Name	Marshall A Logan
Race	Negro (Black)
Marital Status	Married
Rank	Private
Birth Year	1920
Nativity State or Country	Kentucky
Citizenship	Citizen
Residence	Clark, Kentucky
Education	4 years of high school
Civil Occupation	Unskilled transportation occupations, n.e.c.
Enlistment Date	24 Aug 1942
Enlistment Place	Cincinnati, Ohio
Service Number	35470624
Branch	Branch Immaterial - Warrant Officers, USA
Component	Selectees (Enlisted Men)
Source	Civil Life
Height	67
Weight	150

REGISTRATION CARD

SERIAL NUMBER: S-37

1. NAME (Print): MARSHALL (First) ABRAHAM (Middle) LOGAN (Last)

ORDER NUMBER: S-910

2. PLACE OF RESIDENCE (Print): 45 LINCOLN ST. (Number and street) WINCHESTER (Town, township, village, or city) CLARK (County) KY (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS: SAME
(Mailing address if other than place indicated on line 2. If same insert word same)

4. TELEPHONE: (Exchange) (Number)

5. AGE IN YEARS: 21
DATE OF BIRTH: 1 (Mo.) 19 (Day) 1920 (Yr.)

6. PLACE OF BIRTH: CLARK KY (Town or county) (State or country)

7. OCCUPATION: FREIGHT-Trucky

8. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS: Marshall Logan - Father Same address

9. EMPLOYER'S NAME AND ADDRESS: C + O Rail Road Co

10. PLACE OF EMPLOYMENT OR BUSINESS: C + O Depot (Number and street or R. F. D. number) Winchester (Town) Ky. (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

Marshall Abraham Logan Jr. (Registrant's signature)

D. S. S. Form 1 (Revised 6-9-41) (over) 16—21630

Sgt., 58th Avn Sq, Air Corps

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF El Paso
CITY OR PRECINCT NO. ~~El Paso~~ #1

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

31695

WILLIAM BEAUMONT GENERAL HOSPITAL
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF DECEASED: Marshall A. Logan, Jr.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED: 22 YEARS MONTHS DAYS (SOCIAL SECURITY NO. Unknown)

RESIDENCE OF THE DECEASED | STREET AND NO. 45 Lincoln St. CITY Winchester COUNTY Clark STATE Ky

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD): Married
6. DATE OF BIRTH: January 19, 1920
7. AGE: YEARS 23 MONTHS 5 DAYS 14 IF LESS THAN 1 DAY HOURS MIN

Occupation:
8A. TRADE, PROFESSION OR KIND OF WORK DONE: Soldier
8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED: U. S. Army

9. BIRTHPLACE (STATE OR COUNTRY): Kentucky

FATHER:
10. NAME: Unknown
11. BIRTHPLACE (STATE OR COUNTRY): Unknown

MOTHER:
12. MAIDEN NAME: Unknown
13. BIRTHPLACE (STATE OR COUNTRY): Unknown

Informant:
14. SIGNATURE: Information taken from Official Records
ADDRESS: Wm. Beaumont General Hospital, El Paso, TEXAS

Disposition:
15. PLACE OF BURIAL OR REMOVAL: Winchester, Ky. TEXAS
DATE: July 4, 1943
16. SIGNATURE: Banks Funeral Home by A H Banks
ADDRESS: El Paso TEXAS

Undertaker:

MEDICAL PARTICULARS

17. DATE OF DEATH: July 3, 1943
18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 4, 1943 TO July 3, 1943
I LAST SAW HIM ALIVE ON July 3, 1943
THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 3:35 P M.

THE PRIMARY CAUSE OF DEATH WAS:	DURATION
Disseminated coccidioidomycosis, involving liver, spleen, lungs, kidneys and multiple abscesses throughout the entire body.	3 mo.
CONTRIBUTORY CAUSES WERE	

IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE
DATE OF OCCURRENCE
PLACE OF OCCURRENCE
MANNER OF MEANS
IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE: Carl G. Hoffman 1st Lt M.C. M.D
ADDRESS Carl G. Hoffman, 1st Lt., M.C., COR
Wm. Beaumont General Hospital, El Paso, TEXAS

RECEIVED JUL 12 1943 TEXAS

20. FILE NUMBER: 146
FILE DATE: July 5, 1943
SIGNATURE OF LOCAL REGISTRAR: A K Powell
POSTOFFICE ADDRESS: El Paso, TEXAS

COPY SIGNED REPORT FURNISHED BUREAU OF CENSUS, WASHINGTON, D. C.
NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE