

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

Do not use this space.

23137

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City No. R# 6

Registration District No. 89
Primary Registration District No. 5731

File No. _____
Registered No. 149
St. _____ Ward) _____

2. FULL NAME

Katherine LeCompte
(a) Residence No. Poplar Bluff Mo. St. _____ Ward. _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Andrew J. LeCompte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 | 5 | 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) New Haven, Ind.

10. NAME OF FATHER Miss Mitchem

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER France

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) unknown

14. INFORMANT (Address) G. W. Pearson, Poplar Bluff, Mo. Gen. Del.

15. FILED 7/9 25 BJ Clem REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928

17. I HEREBY CERTIFY That I attended deceased from June 25, 1928 to July 7, 1928 that I last saw her alive on June 25, 1928 and that death occurred, on the date stated above, at 5: P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
141
Miscarriage at 1 mo. (Ectopic) (duration) 1 mo. 1 da.
CONTRIBUTORY Tuberculosis (SECONDARY) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Lee Harwell M. D.
7/7, 1928 (Address) Poplar Bluff Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Valley Cemetery DATE OF BURIAL July 8 1928 P. M.

20. UNDERTAKER (ADDRESS) A. W. Greer, Poplar Bluff, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 21 1928

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Butler Registration District No. 89 File No. _____
 Township Diplon Bluff Primary Registration District No. 5131 Registered No. 149
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Katherine Le Compte
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardial infarction 6 mo - (Exhaustion)
Pulmonary Tuberculosis
 CONTRIBUTORY (SECONDARY) several months

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF BIRTH, _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT _____ (Address) _____

15. FILED 7/7 28 Dr B. J. Cline REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

Every item of information about DEATH should be stated EXACTLY as OCCUPATION is very important. Exact USE OF DEATH in plain terms, so REGISTRARS SHALL NOT RECEIVE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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