

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

Do not use this space.

27484

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2004 Registered No. 598
 City Springfield (No. Springfield Baptist Hospital) _____ Ward _____

2. FULL NAME

Laura Lou Compton
 (a) Residence No. ash Grove mo. 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. 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 Edgar Theo Compton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 - 1882

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
47 | 3 | 7 | _____

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) Greene Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Minerva Huff

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

14. INFORMANT Edgar T Compton
 (Address) Ash Grove, Mo.

15. FILED 8-16, 1929 John Sharp
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16-1929

17. I HEREBY CERTIFY, That I attended deceased from 8-2-1929 to 8-16-1929, that I last saw her, alive on 8-15-1929, and that death occurred, on the date stated above, at 9:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulvic Ecthesis,
non-tubercular
139 Bursal agent undetermined
 (duration) yrs. mos. da. 17

CONTRIBUTORY (SECONDARY) unknown
 (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-16-1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical findings
 (Signed) Charles H. McHaffee, M.D.
8-16-1929 (Address) Ash Grove, 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 Ash Grove, mo. DATE OF BURIAL 8-17-1929

20. UNDERTAKER Galbraith Fur Co ADDRESS Ash Grove, Mo.

WRITE IN INK--THIS IS A PERMANENT RECORD

RECEIVED SEP 25 1929 39 56

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.

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594

WRITE P
W. H. ...
... should be ...
... may be ...

v