WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 22 1933

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

Do not use this space.

13603

1. PLACE OF DEATH

47 County Jasper — Registration District No. 408 — File No.

5 Township Marion — Primary Registration District No. 3020 — Registered No.

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Elias Lee Le Compte

(a) Residence, No. 1113 Garrison St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elsie Le Compte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1864

7. AGE: YEARS 68 — MONTHS 10 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nevada Missouri

FATHER

13. NAME: Elias Le Compte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER

15. MAIDEN NAME: Margaret O'Nan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Mrs. Elsie Le Compte Carthage Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pierce City DATE: Apr. 25, 1933

19. UNDERTAKER (ADDRESS): Knell Mortuary Carthage, Missouri

20. FILED: Apr 24, 1933 E. H. Ketcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 7, 1933, to Apr 23, 1933

I last saw him alive on Apr. 23, 1933. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Locomotor Ataxia 10 yrs	?
80 Acute Nephritis	Feb. 33
130	

Other contributory causes of importance:

80

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) R. N. Webster, M. D.

(Address) Carthage, Mo