

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

Do not use this space.

20836-2

SEP 26 1935

**1. PLACE OF DEATH**

County St. Francois  
Township Randolph  
City Frank Clay

Registration District No. 33  
Primary Registration District No. 6.024B

File No. 17  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Daniel Compton

(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 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 Mary Compton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 10 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Compton

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

12. MAIDEN NAME OF MOTHER Martha Hillen

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

14. INFORMANT Joe Compton  
(Address) Frank Clay Mo.

15. FILED 9-19-1935 W. E. Aushenow  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1935

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to June 8, 1935, that I last saw him alive on June 8, 1935, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Colitis

CONTRIBUTORY (SECONDARY)

Artery Sclerosis  
(duration) 10 yrs. 10 mos. \_\_\_\_\_ ds.

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? 6 clinical

(Signed) W. E. Aushenow, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leadwood DATE OF BURIAL 6-10-1935

20. UNDERTAKER Norman White ADDRESS \_\_\_\_\_

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.

1935 - 6 - 8

1861 - 7 - 25

63

10

13

1935

63

1892