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.

APR 17 1936

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

Do not use this space.

File No. 10205

Registered No. 265

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield No. 880 N. Campbell St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME: Ed. Compton
(a) Residence, No. 880 N. Campbell 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11-1887

7. AGE: Years 48 | Months 3 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Car Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R.R. Shops
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): Mo.

FATHER
13. NAME: George Compton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Frances Snodgrass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Everett Compton
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elysian Cemetery DATE: Mar 26 1936

19. UNDERTAKER: J. H. Klingner & Co.
(ADDRESS) Springfield Mo.

20. FILED 3-25 1936 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him ~~alive~~ dead on 3-22 1936 Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fracture	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Nonaccident Date of injury 3-22 1936
Where did injury occur? Springfield Greene - Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury: Struck on head by moving vehicle
Nature of injury: Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Max R. George - Coroner, M. D.
(Address) Springfield, Mo.