

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.

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Miller Registration District No. 561 File No. 7260
Township 3 Primary Registration District No. 5755 Registered No. 8
City Etterville (No. _____) St. _____ Ward _____

2. FULL NAME Virginia Rosalie 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED— HUSBAND OF (OR) WIFE OF <u>Hiram Compton</u> <u>Hugh Compton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 22, 1857</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>4</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
	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) <u>Virginia</u>				
FATHER	13. NAME <u>John Gilbert</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UK</u>			
MOTHER	15. MAIDEN NAME <u>Barbara Buffer</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UK</u>			
17. INFORMANT <u>Mrs. Tom Ager</u> (ADDRESS) <u>Etterville, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm. Pleasant</u> DATE <u>1-27-37</u>				
19. UNDERTAKER <u>Bellevue Funeral Home</u> (ADDRESS) <u>Etterville Mo</u>				
20. FILED <u>1-30-37</u> <u>Belle Hargnes</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-36 to 1-25-37, 1937
I last saw her alive on 1-22-37, 1937 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver Date of onset 8-1-36

Other contributory causes of importance: HO

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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) E. C. Miller, M. D.
(Address) Etterville Mo

