

AUG 25 1937

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

Do not use this space.

27715

1. PLACE OF DEATH

County Macou
Township Loda
City Atlanta (No. _____, St. _____ Ward _____)

Registration District No. 526
Primary Registration District No. 5700

File No. _____
Registered No. _____

2. FULL NAME Miranda E 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Sam Compton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st 1855

7. AGE YEARS 81 MONTHS 10 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Macou Co Mo (STATE OR COUNTRY)

13. NAME E. L. Loda

14. BIRTHPLACE (CITY OR TOWN) Pin (STATE OR COUNTRY)

15. MAIDEN NAME Francis Buxton

16. BIRTHPLACE (CITY OR TOWN) Tex (STATE OR COUNTRY)

17. INFORMANT Dr. E. L. Loda (ADDRESS) Atlanta, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not labor DATE June 9 1937

19. UNDERTAKER Wm. G. G. G. (ADDRESS) Atlanta 1700

20. FILED Aug 5 1937 A. L. G. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937

22. I HEREBY CERTIFY That I attended deceased from June 6, 1937, to June 8, 1937

I last saw him alive on June 8, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Paralysis - Date of onset _____

Other contributory causes of importance: Senile - ascending Paralysis for 2 years

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

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. L. Loda, M. D.
(Address) Atlanta Mo

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.

<p>UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT</p>	<p>STATE OF ARIZONA COUNTY OF COCHISE TOWNSHIP OF ...</p>	<p>SECTION ... TOWNSHIP ... RANGE ...</p>	<p>ACRES ...</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>	<p>...</p>
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