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.

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

REC'D MAY 22 1939

15445
Do not use this space.

1. PLACE OF DEATH
(a) County Macon
(b) Township Chariton
(c) City College Mound
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 529
Primary Registration District No. 4315
Registered No. .....

2. PRINT FULL NAME 513 Nellie Viola Compton
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5 - 1900
7. AGE: YEARS 39 | MONTHS 5 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone Operator
9. Industry or business in which work was done, as 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): Macon Co. Mo 0

FATHER
13. NAME: John T. Compton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn Co. Mo 0

MOTHER
15. MAIDEN NAME: Martha Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co Mo

17. INFORMANT (ADDRESS): John Compton College Mound, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hebron Cem DATE 4 - 24, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. G. Edwards Bevier, Mo
20. FILED Apr 25, 1939 Mrs R. W. Dowell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1939 to Apr 22, 1939
I last saw h— alive on —, 19— Death is said to have occurred on the date stated above, at — m.
The principal cause of death and related causes of importance were as follows:

Suicide by shooting herself in left Brust with a 410 Pistol loaded with Shot

Date of onset

Other contributory causes of importance:

167

Name of operation None Date of —
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Apr 22, 1939
Where did injury occur? At her Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Shot with a 410 Pistol
Nature of injury In left Brust

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. West Coroner, M. D.
(Address) New Cambria Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 0-39-851
Date Filed MAY 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.