FILED JAN 20 1944

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

Do not use this space 4684

1. PLACE OF DEATH

County Stone. Registration District No. 344

Township Pine. Primary Registration District No. 6137.

City (No. , St. Ward)

File No.

Registered No.

2. FULL NAME William Price 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: Married. Lillie Florence Compton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7, 1881.

7. AGE: Years 82 | Months 2 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (~~month~~ and year): 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "Missouri.

FATHER

13. NAME: Buck Compton.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "Unknown"

MOTHER

15. MAIDEN NAME: Martha Branson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "Unknown"

17. INFORMANT (ADDRESS): James William Compton. Blue Eye, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Goodall Cemetery DATE 12-13- 1943

19. UNDERTAKER (ADDRESS): None

20. FILED 12/13 1943 Chester D. Scott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1943.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1943 to Dec. 12, 1943.

I last saw him alive on Dec. 6, 1943. Death is said to have occurred on the date stated above, at 7 A. m.

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

	Date of onset
Capillary Bronchitis and chronic nephritis.	

Other contributory causes of importance:

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?

If so, specify

(Signed) C.E.Miller, M. D.

(Address) Blue Eye, 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.

RECEIVED
District [illegible] Officer No. 6,
District File Number 144-62
Date Filed JAN [illegible] 1944