

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

Do not use this space.

21266

JUL 12 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City *St. Louis*

(No. *52419*) *Cartright Ave* St. _____ Ward _____

File No. _____

5201

Registered No. _____

2. FULL NAME *Paul Compton*

(a) Residence, No. *52419* *Cartright* St., *17* Ward.

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. (If nonresident, give city or town and State)

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 *Irene*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 6 - 1871*

7. AGE

YEARS *64*

MONTHS *4*

DAYS *8*

If LESS than 1 day, _____ hrs. of _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Executive - D.P.*

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

10. Date deceased last worked at this occupation (month and year) *1-1-30*

11. Total time (years) spent in this occupation *50 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alton, Ill.*

MOTHER / FATHER

13. NAME *Richard Compton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buffalo N.Y.*

15. MAIDEN NAME *Cleveland Ella Poore*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Buffalo N.Y.*

17. INFORMANT *Mrs. Paul Compton* (ADDRESS) *5241 Cartright Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine Cemetery* DATE *June 17th 1935*

19. UNDERTAKER *Magnor Funeral Co.* (ADDRESS) *3622 Olive St.*

20. FILED *15* 1935, 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

Not physician attended
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14th 1935**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at **10:00 A.M.**

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

Cyanide of Potassium poisoning
self administered at residence.

Other contributory causes of importance:

SUICIDE.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
~~Was there a suicide, or homicide?~~ *suicide* Date of injury **6/14 35**

Where did injury occur? **Residence.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home
Manner of injury **Suicide.**

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Joseph P. Phay* M.D.

(Address) *Dep. Gen*

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.

1959

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT