

PLACE OF DEATH

TEXAS STATE BOARD OF HEALTH

Dr. James B. O. V. S.

County Williams BUREAU OF VITAL STATISTICSReg. Dist. 14684

FORM D

City Jaylor (No. _____) St. _____ Ward _____FULL NAME Erasmus D. Compton RESIDENCE No. _____ St. _____
(If non-resident give city or town and State)Length of residence in city or town where death occurred 38 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL PARTICULARS 137743 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word) Widowed16 DATE OF DEATH April 11 1924
(Month) (Day) (Year)6 DATE OF BIRTH July 17 1984
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to Apr 11, 1924
that I last saw him alive on Apr 4, 1924
and that death occurred, on the date stated above, at 2 m.7 AGE 83 yrs. _____ mos. _____ ds.
If less than 2 years state if breast fed _____ If less than 1 day _____

The CAUSE OF DEATH was as follows:

Yes _____ No _____ hrs. _____ mins.

8 OCCUPATION (a) Trade, profession or particular kind of work Retired FarmerCardio-vascular crisis

(b) General nature of industry, business or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Ky.Contributory (Secondary) General Arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ ds.
(duration) _____ yrs. _____ mos. _____ ds.10 NAME OF FATHER E. D. Compton11 BIRTHPLACE OF FATHER Ky. Pa.
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER Pa.
(State or country)18 Where was disease contracted
if not at place of death? _____Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? _____
(Signed) E. James M. D.

14 THE ABOVE IS TRUE

(Informant) E. T. Compton
(Address) Jaylor, TexasApr 16, 1924 (Address) Jaylor, Tex.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for State Statutes.)

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19 PLACE OF BURIAL OR REMOVAL City Cem. DATE OF BURIAL 4/12 1924Filed 4-25 1924 W. S. Somerville
Registrar20 UNDERTAKER The Funeral Co. ADDRESS Jaylor Tex.