

246-1-2-2-246-1-2

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

3310 22

56009

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <u>Williamson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE <u>Texas</u> b. COUNTY <u>Williamson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Taylor</u>)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>Taylor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stromberg Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1217 W. 7th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.J.</u> b. (Middle) <u>(Uncle Billy)</u> c. (Last) <u>Compton</u>		4. DATE OF DEATH <u>November 30, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 10, 1871</u>	9. AGE YEARS <u>78</u> MONTHS <u>8</u> DAYS <u>20</u>	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Marital Mailman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postoffice</u>		11. BIRTHPLACE (State or foreign country) <u>Sommerset, Kentucky</u>	
12. FATHER'S NAME <u>E.D. Compton</u> BIRTHPLACE <u>Kentucky</u>		13. MOTHER'S MAIDEN NAME <u>Martha Jane Duck</u> BIRTHPLACE <u>Kentucky</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE <u>Merjce Byrom</u>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertention</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>19/5-11/30</u>
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20e. INJURY OCCURRED WHILE WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <u>Oct. 5</u> , 19 <u>49</u> , to <u>Nov. 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 30</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Taylor, Texas</u>		22c. DATE SIGNED <u>Dec. 2, 1949</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>December 1, 1949</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Taylor City Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Taylor, Texas</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> #2212			
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <u>December 1, 1949</u>		25c. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

#362