

STATE OF ILLINOIS

STATE FILE NUMBER

63-016-0298

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 81.1 REGISTERED NUMBER 650

1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY ROCK ISLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE ILLINOIS		b. COUNTY ROCK ISLAND	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town MOLINE				c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town ROCK ISLAND			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN 1c or 1d 3 DAYS		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH of RESIDENCE AT 2c or 2d 17 YEARS X	
f. NAME OF HOSPITAL OR INSTITUTION MOLINE PUBLIC HOSPITAL				g. LENGTH OF STAY IN IF 3 DAYS			
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office				f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 3520-12 STREET			
3. NAME OF DECEASED a. (FIRST) HERBERT				b. (MIDDLE) BRYAN		c. (LAST) CROMPTON	
5. SEX MALE				6. RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED	
10a. USUAL OCCUPATION BASEBALL PLAYER		10b. KIND OF BUSINESS OR INDUSTRY PROFESSIONAL TEAM		8. DATE OF BIRTH NOV. 7, 1911		9. AGE (in years last birthday) 51 YRS.	
13. FATHER'S FULL NAME FRANK E. CROMPTON, SR.				14. MOTHER'S FULL MAIDEN NAME ANNA M. KUEHL			
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 348-01-2750		17. INFORMANT a. SIGNATURE Mrs. Elizabeth T. Crompton		b. ADDRESS 3520-12 St. Rock Island, Ill.	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) due to (C)				18. MEDICAL CAUSE OF DEATH Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 20 min.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A). Myocardial Infarction Recurrent				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION, IF ANY				19b. MAJOR FINDINGS OF OPERATION			

NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from Aug 4, 1963, to Aug 5, 1963, that I last saw the deceased alive on Aug 4, 1963, and death occurred at M., from the causes and on the date stated above.  
Signature: [Handwritten Signature] M.D. License Number: 17003 Date: 8/6/63  
Address: [Handwritten Address] Phone: [Handwritten Phone]

22. DISPOSITION: BURIAL, CREMATION, OR OTHER DISPOSITION Date: 8-8-63  
CEMETERY: MEMORIAL PARK CEMETERY  
LOCATION: ROCK ISLAND, ILLINOIS  
23. FUNERAL DIRECTOR  
SIGNATURE: [Handwritten Signature]  
ADDRESS: 2106 [Handwritten Address] License Number: 4079

24. Received for filing on 8/6/63 (Signed) [Handwritten Signature] W. H. Otis, M.D. LOCAL REGISTRAR