

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

Do not use this space.

18087  
2132

**1. PLACE OF DEATH**

County Jackson Registration District No. 390  
 Township Kaw Primary Registration District No. 1003  
 City Kansas City No. 1422 Prospect St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Madge Partridge "Partridge"  
 (a) Residence No. 1422 Prospect St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 7 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Garnett  
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER George Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville  
 (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Catherine Sprigg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs W F Hampton  
 (Address) 1422 Prospect

15. FILED 3/8, 1929 M M Crowe  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929

17. I HEREBY CERTIFY, That I attended deceased from April 28th, 1929, to May 8th, 1929, that I last saw her alive on May 8th, 1929, and that death occurred, on the date stated above at 1:00 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
108 (duration) yrs. mos. & ds.  
124  
1010

CONTRIBUTORY (SECONDARY) Hypertrophic Cirrhosis of liver  
Don't know. A long time (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? auscultation percussion etc  
 (Signed) E M Fulton, M. D.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL May 10 1929

20. UNDERTAKER S H Newcome's Sons & Co ADDRESS \_\_\_\_\_

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.

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THIS IS A PERMANENT RECORD

21122 Jester

Val. 5307.

afternoon-