

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

Do not use this space.

1. PLACE OF DEATH

SEP 21 1936

County Daviess
Township Salem
City Coffey, Mo. (No. _____, _____ St. _____ Ward)

Registration District No. 249
Primary Registration District No. 4149

File No. 30406
Registered No. _____

2. FULL NAME William A. Patridge

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27/18/70</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	65	8	21	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>				
FATHER	13. NAME <u>Horace Patridge</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>			
MOTHER	15. MAIDEN NAME <u>Maria Taylor</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>			
17. INFORMANT (ADDRESS) <u>Mr F.E. Patridge Coffey, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coffey</u> DATE <u>Aug 17</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>G.S. Gromer Pattonsburg, Mo.</u>				
20. FILED <u>Aug 22</u> 19 <u>36</u> <u>Mrs H.A. Cunningham</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 - 10, 1936, to 8/18, 1936
I last saw h.i.m. alive on 8/18/36, 1936 Death is said to have occurred on the date stated above, at 6/30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis 1929
7/18/36
Other contributory causes of importance:
None
Name of operation None Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Chronic Endocarditis
(Signed) J.B. Baumgardner M.D.
(Address) Coffey Mo.

