REC'D APR 11 1939

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

11742

Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway 1 Registration District No. 630
(b) Township Monroe 1 Primary Registration District No. 4380 Registered No.
or
(c) City Skidmore Mo. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Victor Partridge
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Partridge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1864
7. AGE YEARS 74 MONTHS 7 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Illinois

FATHER
13. NAME Josiah Partridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

MOTHER
15. MAIDEN NAME Nancy Champ 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

17. INFORMANT (ADDRESS) Dora Albright Skidmore
18. BURIAL, CREMATION, OR REMOVAL
PLACE Graham IOOF DATE Mar. 22 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home Maryville Mo
20. FILED Mar 22 1939 Dr. J. C. Manning Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Mar 20, 1939
I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Aortic regurgitation
92a
Date of onset
Other contributory causes of importance:
Bronchial Asthma
Name of operation ..... 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? .....
If so, specify .....
(Signed) J. C. Manning 1, M. D.
(Address) Skidmore Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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RECEIVED
District Health Officer No. 11,
District File Number 39-241
Date Filed APR 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 5629

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.