

Death Certificate-Charles Robert Partain

CERTIFICATE OF DEATH
 STATE OF ALABAMA—BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH

1 PLACE OF DEATH
 County Jefferson Reg. District or Reg. No. 10 Certificate No. 375032
 Town or City Birmingham (If death occurred in a hospital, institution, give its NAME (street and number)

2 FULL NAME Mr. C. R. Partain
 (a) Residence, No. Adenville, Ala Street or R. F. D. # 2 Ward 5th
 (Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
 3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6a If married, widowed or divorced, HUSBAND of Mrs. Mary Partain (last name)
 6b If married, widowed or divorced, WIFE of Mr. C. R. Partain (last name)
 7 DATE OF BIRTH (month, day, and year) 12-23-1861
 7 AGE 68 Sex Male Months 12 Days 23 If LEAST check 1 day 1 mo. 1 yr.
 8 OCCUPATION OF DECEASED Farmer
 (a) Trade, profession or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH
 10 DATE OF DEATH (month, day, and year) 9-19-1949
 11 I HEREBY CERTIFY, That I attended deceased from 8-12-1949 to 9-19-1949 and that death occurred, on the date stated above, at 10:40 A.M.
 The CAUSE OF DEATH was as follows:
Intestinal Hemorrhage
Cancer of ampulla Vateri
Cancer of Gallbladder
Cholelithiasis
 CONTRIBUTORY Carcinoma of liver (Secondary) several mo.
 12 Where was disease contracted or did accident occur?
 Was an operation performed? No Date of _____
 For what disease or injury? _____
 Was there an antepartum? yes
 What test conducted? Autops
Dr. H. H. Hester
 (Physician)
 13 PLACE OF BURIAL, CREMATION, or REMOVAL FROM PLACE OF BURIAL
900 29 (Address) Coverly
Mt Galvary Cem (Sep 22nd 1949)
 14 Informant Mrs. Mary Partain
 (Name) 375032 (Address)
 15 9-21-49 (Date) D. BOWLING (Signature)
375032 (Number) REG. H. (Signature)

For Personal Research Only
 N. B. This certificate is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should include CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Juli Morgan originally shared this
 30 Mar 2011 Document / Certificate

In this tree

Charles Robert Partain

1861 - 1929

Events: Death

In other family trees

Hill Family Tree



Jeffreyhill1967

Micheal C. Farris Family Tree



Farris47

Talley-Campbell Family Tree



sjcampbell