

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

Do not use this space.

**1. PLACE OF DEATH**

County Madison  
Township Center  
City ..... (No. ....) St. .... Ward)

Registration District No. 837  
Primary Registration District No. 6099

File No. 29296<sup>2</sup>  
Registered No. ....

**2. FULL NAME**

Stella Constant

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 11 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Support  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Constant

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

12. MAIDEN NAME OF MOTHER Jewell Bulder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT Fred Constant  
(Address) Bloomfield

15. FILED 10/31, 1927 S. Davis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1<sup>st</sup>, 1927, to Sept. 6, 1927 that I last saw him alive on Sept. 6, 1927, and that death occurred, on the date stated above, at 6 p.m.

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

18. WHERE WAS DISEASE CONTRACTED 98A  
19B (duration) yrs. 1 mos. da.  
CONTRIBUTORY Calculus  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 113B  
IF NOT AT PLACE OF DEATH..... (duration) yrs. mos. da.

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

18. WHERE WAS DISEASE CONTRACTED 113B  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. Davis M. D.  
, 19 (Address) Bloomfield

\*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 Walker Cem DATE OF BURIAL 9/7 1927

20. UNDERTAKER Geo. G. Child ADDRESS Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20  
1927

