

SEP 21 1900

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

Do not use this space.

25847

1. PLACE OF DEATH

County Bates

Registration District No. B 2

Township

Primary Registration District No. 2005

City Rich Hill

(No.)

File No.

Registered No. 116

St.

Ward)

2. FULL NAME John S. Constance

(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? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

Sarah Constance

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 - 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

85

✓

23

8. OCCUPATION OF DECEASED

(a) Trade, profession; or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

10. NAME OF FATHER

John Constance

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Benedict Horlick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Sam E. Adams

Rich Hill Mo.

15.

FILED

19

John S. Constance
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/20 1900

17.

I HEREBY CERTIFY, That I attended deceased from

19

to

19

that I last saw him alive on 8/16 1900 and that death occurred, on the date stated above, at 8:30 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum

46 1/2

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. D.

8/20/00 (Address) Rich Hill Mo.

*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

DATE OF BURIAL

Cameron Mo

Aug 22 1900

20. UNDERTAKER

ADDRESS

Pond & Reailey

Rich Hill

WRITE IN INK, 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.

