

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

Do not use this space.

9338

1. PLACE OF DEATH  
70 County Montgomery Registration District No. 5-89  
Township Beaumont Primary Registration District No. 5787a  
City High Hill (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William E. Constance  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 7 21

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1932

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1932, that I last saw him alive on \_\_\_\_\_, 1932, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Old age w/ decomp. Sicut Insipientis  
16 P (duration) 2 yrs. 6 mos. 16 ds.

CONTRIBUTORY (SECONDARY) 16 P (duration) 2 yrs. 6 mos. 16 ds.

9. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) 8

10. NAME OF FATHER Edward Constance

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

12. MAIDEN NAME OF MOTHER Elizabeth Howell

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physiat  
(Signed) E. A. Beer, M. D.  
. 19 (Address) High Hill

\*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.

14. INFORMANT Mrs. Florence Palmer  
(Address) Jannsburg Mo

15. FILED March 7 1932 E. A. Beer  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Florence Mo DATE OF BURIAL 3-9 1932

20. UNDERTAKER E. A. Beer ADDRESS High Hill

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.

MAR 24 1932

