

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

Do not use this space.

359

**1. PLACE OF DEATH**

County Buchanan  
Towship.....  
City St. Joseph (No.....) St. .... Ward)

85  
Registration District No.....  
Primary Registration District No. 1001

File No.....  
Registered No. 170

**2. FULL NAME**

Samuel H. Constance  
(a) Residence. No. State Hospital #2 St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 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

6. DATE OF BIRTH Apr 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
57 Unknown

**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) Indiana

**10. NAME OF FATHER**

John S. Constance

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) England

**12. MAIDEN NAME OF MOTHER**

Sarah Scott

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**14.**

INFORMANT Mrs. S.H. Constance  
(Address) Cameron Mo.

FILED Jan 28 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 24, 1928, to Jan 28, 1929 that I last saw him alive on Jan 27, 1929, and that death occurred, on the date stated above, at 540 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Myocardial Exhaustion  
7 (duration) yrs. 8 1/2 mos. ds.

CONTRIBUTORY (SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE or

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. R. Bunch, M. D.  
1/28/1929 (Address) State Hospital #2

\*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

Delano Cem. Jan 30 1929

**20. UNDERTAKER**

ADDRESS

J. W. Poland Cameron Mo.

WRITE CLEARLY, 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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FILED Jan 28 1929

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