

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.

NOV 4 1936

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

Do not use this space.

36516

1. PLACE OF DEATH

County North
Township Allen
City (No.)

Registration District No. 905
Primary Registration District No. 6216

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Constant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1853</u>		
7. AGE <u>83</u> YEARS	<u>20</u> MONTHS	<u>2</u> DAYS
If LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South County Mo</u>		
13. NAME <u>Archibald Constant</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seneca Co. Mo</u>		
15. MAIDEN NAME <u>Miss Annetta Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seneca Co. Mo</u>		
17. INFORMANT <u>J. P. Brown</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Sept 19 1936</u>		
19. UNDERTAKER <u>Brown Bros</u>		
20. FILED <u>Sept 21 1936</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Sept 17 1936
Last saw him alive on Sept 17 1936. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Date of onset ✓

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1936
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) J. H. Haeley D.O. M.D.
(Address) Des Moines Mo

