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

AUG 4 1939

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

Do not use this space.

**1. PLACE OF DEATH**

County Clay — Registration District No. 196 — File No. 25386

Township Fishing River — Primary Registration District No. 3011 — Registered No. 94

City Excelsior Springs, Mo. (No. V.A. Facility St. Ward)

**2. FULL NAME** 523 CONSTANT, Walter J.

(a) Residence, No. Denver, Missouri St., 2 days Ward. Denver, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Husband of Martha Constant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1887

7. AGE 51 YEARS 7 MONTHS 28 DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Denver Missouri

FATHER

13. NAME William Constant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Records, V.A.Facility Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Denver, Mo DATE July 4, 1939

19. UNDERTAKER (ADDRESS) Bram Bros., Denver, Mo

20. FILED 7-3- 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1939, to July 1, 1939
I last saw him alive on July 1, 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease, Chronic | |
| Aortic Insufficiency | |
| Cardiac Hypertrophy and | |
| Dilatation | |

Other contributory causes of importance: 92

Name of operation None Date of
What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no (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 XX

(Signed) F. M. Ruegsegger, M. D.
(Address) F. M. RUEGSEGGER, M.D., V.A. Facility, Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/2/39

SEP 3 1952