

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

Do not use this space.

3371

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 6039
 City Shackelford Mo (No. _____ St. _____ Ward _____)

2. FULL NAME Thos William Winslow

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flova C. Winslow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29, 1845</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>2</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1932
 22. I HEREBY CERTIFY, that I attended deceased from Jan 22, 1932, to Jan 26, 1932
 I last saw him alive on Jan 25, 1932. Death is said to have occurred on the date stated above, at 4:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Central Hemorrhage
W. S. J. A.
 Date of onset Jan 21, 1932
 Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss Co Va</u>
	13. NAME <u>Henry Beverly Winslow</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>
	15. MAIDEN NAME <u>Josella A Goddall</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>
17. INFORMANT <u>Stella Winslow</u> (ADDRESS) <u>Shackelford, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem.</u> DATE <u>Jan 28, 1932</u>	
19. UNDERTAKER <u>Vandiver Mortuary</u> (ADDRESS) <u>Marshall, Mo</u>	
20. FILED <u>2-4, 1932</u> <u>Mrs. John W. Thibe</u> Registrar	

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 _____, 19____
 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? _____
 If so, specify _____
 (Signed) Geo S. Hardin, M. D.
 (Address) Marshall, Mo

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.

FEB 25 1932

