

WRITE PLAINLY, 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.

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

Do not use this space.

**34800**

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph (No. Mo. Methodist Hesp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Basil Harry Winslow  
 (a) Residence, No. 19 E. Valley 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Opal Winslow</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 11, 1900</b>		
7. AGE	YEARS	MONTHS
	<b>31</b>	<b>10</b>
		DAYS
		<b>25</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<b>Barber</b>		<b>26</b>
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) <b>Nov. 5, 1932</b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Maysville Missouri</b>		
13. NAME <b>Frank Winslow</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Dayton Ohio</b>		
15. MAIDEN NAME <b>Ada Hathaway</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Illinois</b>		
17. INFORMANT <b>Hazel Pugh</b> (ADDRESS) <b>6122 King Hill Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Ridgeville Cem. Nov 8, 1932</b> PLACE DATE		
19. UNDERTAKER <b>Fred D. Clark</b> (ADDRESS)		
20. FILE NO. <b>NOV 7 1932</b> <b>John R. Besuden</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 6, 1932**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **8 P.** m.  
 The principal cause of death and related causes of importance were as follows:  
**Injuries received when Auto ran into St car at 6th and Viaduct, Driver not drunk or blinded by lights**  
 Other contributory causes of importance: **none**  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis **History** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide **Accidental** Date of injury **11/6, 1932**  
 Where did injury occur? **St. Joseph Mo.** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**Public place**  
 Manner of injury **Auto struck St Car**  
 Nature of injury **Fractured skull**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **B. W. Tadlock** Coroner, M. D.  
 (Address) **821 Monroe**

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