MAY 2 8 1930

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

Do not use this space.

18441

1. PLACE OF DEATH
County Webster — Registration District No. 896 — File No.
Township Ozark — Primary Registration District No. 4542 — Registered No. 16
City Marshfield (No. ..... St. ..... Ward)

2. FULL NAME Herbert Cecil 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dola Mae Winslow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	34	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) insurance
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshfield
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Guy Winslow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hattie Pack
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Dola Mae Winslow
(Address) Marshfield Mo.

15. FILED 5/11/30 J. R. Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1930 to May 3, 1930 that I last saw him alive on May 1, 1930, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Aortic Aneurism
96

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) unknown

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. R. Macdonnell, M. D.
5/4/30 (Address) Marshfield Mo

*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
Marshfield	5/5 1930
20. UNDERTAKER	ADDRESS
H. T. McMahan	Marshfield

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.