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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. 512 Alabama St. Ward)

File No. 8908
Registered No. 338

2. FULL NAME Infant (twins Winslow) named Francis M. Winslow
(a) Residence. No. 512 Alabama 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or 5 min.
0	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph Mo

PARENTS
10. NAME OF FATHER: Besil H Winslow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co Mo
12. MAIDEN NAME OF MOTHER: Opal Teeter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Weatherby Mo

14. INFORMANT: Besil H Winslow
(Address) 512 Alabama

15. FILED 3-26, 1930 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1931, to Mar 25, 1931 that I last saw him alive on Mar 25, 1931, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth at 5½ mos.
159 (duration) yrs. mos. ds. about 5 min.

CONTRIBUTORY (SECONDARY) Cause Unknown
159 (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? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. A. Robertson, M. D.
Mar 26, 1931 (Address) St. Joseph 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: Ridgeville Mo
DATE OF BURIAL: 3-26 1931

20. UNDERTAKER: Father
ADDRESS: 512 Alabama

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1931