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.

4620

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible] — File No. [illegible]

Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. , 503 W. 74th Street St. Ward)

2. FULL NAME RAGAN, Mrs. Ethel Winslow

(a) Residence, No. 503 W. 74th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. R. C. Ragan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 235

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) Lynn County, Kansas 2

FATHER

13. NAME Charles T. Winslow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasanton, Kas.

MOTHER

15. MAIDEN NAME Sarah Mills,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasanton, Kansas

17. INFORMANT (ADDRESS) R. C. Ragan

18. BURIAL, CREMATION, OR REMOVAL Mt. Moriah

PLACE Mt. Moriah DATE Feb. 5, 1932

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS, Inc. 3811 Broadway

20. FILED 2/5 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to Feb. 3rd, 1932

I last saw her alive on Feb 3d, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/27-32

Second massive hemorrhage occurring on Feb 3d 1932

Other contributory causes of importance:

Hypertension

Double congenital polycystic kidneys.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.

If so, specify

(Signed) Wm. H. Trimble, M. D.

(Address) 836 Prof Bldg N. C. Mo