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.

MAR 19 1936

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

Do not use this space.
11134

1. PLACE OF DEATH
County: Jackson — Registration District No.: 404 — File No.:
Township: Washington — Primary Registration District No.: 3558 — Registered No.: 26
City: K. C. Mo. (No. 8146 Flora St. Ward)

2. FULL NAME: Mrs. Rachel E. Winslow
(a) Residence, No. 8146 Flora 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert B. Winslow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 30-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Worth County Missouri

FATHER
13. NAME: Reuben Fengate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Jane Bradey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Vernon G. Fengate
(ADDRESS) 1144 E. 78th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Odessa Mo. DATE: ..., 19..
McCauley Chapel

19. UNDERTAKER: Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 3-8-, 1936 Mrs. Jos. T. Brennan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to May 5, 1936
I last saw h... alive on Mar. 4, 1936. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phyma Nephritis	
Phyma Pyelitis	
Asthma	

Other contributory causes of importance:

Name of operation ..... Date of ...
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Jos. Gross M.D., M. D.
(Address) 80 2d & Paseo

80th + Paseo

Ja 1879