

CERTIFICATE OF DEATH.

107
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No. of BURIAL PERMIT.

No. of RECORD.

135857

135717

DISTRICT OF COLUMBIA.

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS, MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death *February 22, 1901*
2. Full Name of Deceased *Thomas P. Winslow*
If an unnamed infant, insert full names of both parents.
3. Sex: **MALE** ~~FEMALE~~
4. Age: **YEARS 35**
MONTHS _____
DAYS _____
5. Color: **WHITE**
~~COLORED.~~
~~INDIAN.~~
~~CHINESE.~~
~~JAPANESE.~~
6. Conjugal Condition: ~~UNMARRIED~~
MARRIED.
~~WIDOWED.~~
~~DIVORCED.~~

Under sex, color and conjugal condition, strike out the words not applicable.
Under color the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation _____
8. Birthplace of Deceased *DC.*
9. Birthplace of Father *Penn.*
10. Birthplace of Mother *Va.*
11. Duration of Residence in this District *Life*
12. Place of Death *1829 K St. NW.*
13. Cause of Death *Phtisis Pulmonalis*
- PRIMARY _____
- IMMEDIATE *Exhaustion*

If born in the United States, give State, Territory or District; otherwise, give country.

DURATION.

about 1 year

14. If Death Occurred in an Institution give:
NAME OF INSTITUTION _____
LENGTH OF TIME DECEASED WAS AN INMATE _____
15. If Deceased did not Die at his or her Residence, give:
PLACE OF RESIDENCE _____

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I hereby certify that I attended the deceased professionally during *his* last illness.

Dr. Melvin R. ... M.D.
Address *1404 14 St.*

To be Filled Out and Signed by the Undertaker:

PLACE OF BURIAL *Congressional* DATE OF BURIAL *Feb 25, 1901*

If Body is to be Buried Outside of the District, state:

ROUTE OF TRANSPORTATION _____ DATE OF REMOVAL _____

SIGNATURE *Joseph ...* Undertaker.

OCT 12 1978

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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE FILED IN ORDER WITH THE VITAL RECORDS DIVISION OF THE DEPARTMENT OF HUMAN RESOURCES, DISTRICT OF COLUMBIA.

John H. Crandal
John H. Crandal
Vital Records Division