

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

Do not use this space.

Dr. Patterson
35408

File No. _____
Registered No. **788**
St. _____ Ward _____

1. PLACE OF DEATH
 89 County Drewe Registration District No. 318
 3 Township _____ Primary Registration District No. 70011
 5 City Springfield, Mo. 727 W. Elm
 2. FULL NAME Mrs. Ripe Lee Winans
 (a) Residence, No. 727 W. Elm 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF <u>P. S. Winans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17 - 1888</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>239</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>17</u>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>Philip Drewe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Sarah</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	17. INFORMANT <u>P. S. Winans</u> (ADDRESS) <u>727 W. Elm</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> on <u>Nov. 18, 1932</u>		
19. UNDERTAKER <u>Alma G. Meyer</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>11-18-1932</u> <u>Ralph W. Langston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1932

22. I HEREBY CERTIFY That I attended deceased from July 25, 1931, to Nov. 16, 1932
 I last saw him alive on Oct 29, 1932 Death is said to have occurred on the date stated above, at 6:50 P. M.
 The principal cause of death and related causes of importance were as follows:
About 2 years ago had a cerebral hemorrhage. Cerebral hemorrhage has never been well since. Died suddenly.
 Other contributory causes of importance:
Arterio Sclerosis with hypertension
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. P. Patterson, M. D.
 (Address) Springfield, Mo.

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

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.

Nov 9 1932

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