

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

Do not use this space.

3504

1. PLACE OF DEATH

County Wenonah
Township Center
City Nevada (No.)

Registration District No. 975
Primary Registration District No. 3039

File No.
Registered No. 21
St. Ward

2. FULL NAME

Wopine Ellen Warren
(a) Residence, No. Wenonah Mo St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16, 1918</u>		
7. AGE	YEARS <u>13</u>	MONTHS <u>3</u>
	DAYS <u>8</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>Student</u>	
	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) <u>Kansas City, Mo.</u>		
FATHER	13. NAME <u>Levin Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wendover, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Alma Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wendover, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Alma Moore Nevada Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wendover Mo</u> DATE <u>Jan 26, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ferry Funeral</u>		
20. FILED <u>2-4-32</u> <u>E. P. King</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1932 to Jan 24th, 1932. I last saw her alive on Jan 24th, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
The principal cause was accidental death from being pinned under an oncoming tunnel auto.

Other contributory causes of importance:
2100
2100

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? accident Date of injury Jan 24, 1932
Where did injury occur? three miles S. of Nevada Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury quite slipped + turned over
Nature of injury falling from under car

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. P. Amerman, M. D.
(Address) Nevada Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. NO. 2.

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.

FEB 1932

