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

Do not use this space.

10459

1. PLACE OF DEATH

County Howell — Registration District No. 3 84 — File No. 29

Township — Primary Registration District No. 5531 — Registered No.

City ~~South Fork, Mo.~~ (No. ..., St. ..., Ward)

2. FULL NAME Wm. Alford Wallin

(a) Residence. No. ..., 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)
Ma.	Wht	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel C. Wallin,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20th 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Aurora, Ill.
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER Nelse Wm. Wallin,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY) Sweden
12. MAIDEN NAME OF MOTHER Celia Nelson,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY) Sweden

14. INFORMANT Mrs. Alice Boose,
(Address) South Fork, Mo

15. FILED 3-4-1929 O. A. Heinrichs, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1928, to March 1 1929, that I last saw him alive on Feb. 28, 1929 and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic Carcinoma Mediastinal
(duration) Probably yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma of right hand
(duration) about yrs. 18 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ——
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar. 7, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
(Signed) D. D. Cox, M. D.
3-2, 1929 (Address) Pomona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cross Roads. — DATE OF BURIAL 3/2 - 1929

20. UNDERTAKER McFarlands — ADDRESS Mountain View

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.