

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

Do not use this space.
27749
138

1. PLACE OF DEATH

County St. Francis
Township
City Flat River Mo. (No. 4465)

Registration District No. 274
Primary Registration District No. 60180

File No. 138
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Andrew Jackson Wallen

(a) Residence. No. _____ 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 Male 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 Lucy Wallen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-26-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
71 8 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired Employee of St. Joe Lead Co
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Washington Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Wallen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Oswell Wallen
(Address) Desloge Mo

15. FILED Aug 30 1930 W J Bryan REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Aug 5, 1930 that I last saw him alive on Aug 4, 1930, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchymatous hepatitis
131
154B

(duration) 1 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Hepatitis
(duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 129A
IF NOT AT PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edw. R. Rohrbach M. D.
6, 1930 (Address) Flat River 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 Wood Lawn Cem. Flat River Mo DATE OF BURIAL 8/6 1930

20. UNDERTAKER Geo. L. Bryan ADDRESS Bonne Terre Mo

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. AUG 26 1930

