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.

JUL 22 1932

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

Do not use this space.

1. PLACE OF DEATH 20
County Cedar — Registration District No. 167 — File No. 18967
Township S Madison — Primary Registration District No. 5233 — Registered No.
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Paul Eugene Wallen
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1915
7. AGE: YEARS 17 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general farming
10. Date deceased last worked at this occupation (month and year) June 13 - 32
11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo

FATHER
13. NAME Allan D. Wallen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Our May Akins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

17. INFORMANT (ADDRESS) Allan Wallen Aldrich Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Long. DATE June 14 1932
19. UNDERTAKER (ADDRESS) Wm Maze Dadeville Mo
20. FILED July 11 B B Allder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to Called after 19..
I last saw accident 19.. Death is said to have occurred on the date stated above, at 6 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Lightning	
died in 5 to 10 minutes	
	304

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jun 13, 1932
Where did injury occur? Cedar Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On farm
Manner of injury Stroke Lightning
Nature of injury Shock

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) B B Kirby, M. D.
(Address) Dadeville Mo