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

Do not use this space.

42953

1. PLACE OF DEATH

County: Lafayette

Township: Grand

City: Sumerville (No. ..... St. ..... Ward)

Registration District No. ~~864~~ 1077

Primary Registration District No. 6140

File No. .....

Registered No. 30

2. FULL NAME Billie Ivo Wallen

(a) Residence, No. ..... 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: M

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) March 24 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Bluff / Shannon Co.

FATHER

13. NAME Hayes Wallen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumerville / Mo Lafayette Co

MOTHER

15. MAIDEN NAME Blye-Chilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Round Springs / Mo Shannon

17. INFORMANT (ADDRESS) Bly Wallen

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sumerville Cem DATE 12. 31 1932

19. UNDERTAKER (ADDRESS) Ayres Upright / Sumerville Mo

20. FILED 1 8 1932 L H Wallen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1932, to 12-30 1932

I last saw h. alive on 12-30 1932 Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| 109 a | |

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) L H Wallen, M. D.

(Address) Sumerville

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.