

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.

OCT 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barry
 Township Miller
 City Barry (No.)

Registration District No. 010
 Primary Registration District No. 5405

File No. 35711
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. Isaac Allenbrand Ward.
 (Usual place of abode) Darlington RR #1 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victoria Allenbrand</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1853</u>		
8. YEARS <u>81</u>	9. MONTHS <u>4</u>	10. DAYS <u>3</u>
11. LESS than 1 day, hrs. or min.		
12. TRADE, PROFESSION, OR PARTICULAR kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
13. INDUSTRY OR BUSINESS IN WHICH work was done, as silk mill, saw mill, bank, etc.		
14. DATE DECEASED LAST WORKED AT this occupation (month and year) <u>1925</u>		
15. TOTAL TIME (years) spent in this occupation		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Porter Co Ind.</u>		
17. NAME <u>Xavier Allenbrand</u>		
18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
19. MAIDEN NAME <u>Margaret Wilson</u>		
20. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
21. INFORMANT <u>X. Allenbrand</u>		
22. ADDRESS <u>Barry Mo</u>		
23. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barry</u> DATE <u>Oct 7</u> 19 <u>34</u>		
24. UNDERTAKER <u>W. H. Haggard</u>		
25. ADDRESS <u>Barry Mo</u>		
26. FILED <u>10 6 4</u> 19 <u>34</u> <u>W. H. Haggard</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 - 1934
 22. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1934 to Oct 4th 1934
 I last saw him alive on Sept 28th 1934. 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:

Chronic Interstitial Nephritis Date of onset
(Chronic Poisoning)
 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) W. H. Haggard, M. D.
 (Address) Barry Mo

