

MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

3 County Alexander
Township Wilmersburg
City (No.) St. Ward)

Registration District No. 31
Primary Registration District No. 5029

File No. 5932

Registered No.

2. FULL NAME

Geneva Barrett 630

(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 Female 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 Simon Barrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 0 7

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House Wife

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Benny Dougherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Nona Burley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) P. N. Barrett

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilmersburg DATE Feb 15 1938

19. UNDERTAKER (ADDRESS) Rock Port Mo

20. FILED 2-13-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1938, to 2-14-, 1938

I last saw her alive on 2-14-, 1938. Death is said to have occurred on the date stated above, at 130 a.m.

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

Post Partum Haemorrhage

Other contributory causes of importance:
Scarlet fever
Medical operation
Gynecological operation

Name of operation Name as birth - Date of
What test confirmed diagnosis? Hist. exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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? No
If so, specify

(Signed) James A. Gray, M. D.
(Address) Watson 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

5932
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 21
 (b) Township Dicknapolna Primary Registration District No. 3029 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geneva Barrett

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Simon Barrett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 9 - 1914
 7. AGE YEARS 24 MONTHS 12 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Henry Dougherty
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mona H. Huxley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) P. N. Barrett
Atchison

18. BURIAL, CREMATION, OR REMOVAL PLACE Witterback DATE Feb 15 1938

19. FUNERAL DIRECTOR (ADDRESS) E. Bigham
Rockport

20. FILED April 7 1938 J. A. Gray
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 - 13, 1938 to 2 - 14, 1938

I last saw her alive on 2 - 14, 1938. Death is said to have occurred on the date stated above, at 130 A.
 The principal cause of death and related causes of importance were as follows:

Past Tension Hemorrhage Date of onset _____

Other contributory causes of importance:
Scarlet fever
Prostrial operation
Uterine operation

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical as 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? no
 If so, specify _____

(Signed) James A. Gray, M. D.
 (Address) Watson

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

