

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

Do not use this space.

729

**PLACE OF DEATH**

County Dekalb  
Township Washington  
City Clarksdale (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 254  
Primary Registration District No. 5360A

File No. \_\_\_\_\_  
Registered No. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ginevra Ann Barber

(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 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 J. T. Barber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	72	5	7	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 2 35  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guilford, Mo.

10. NAME OF FATHER D. N. Pulley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Virginia Dunlap

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

14. INFORMANT J. T. Barber  
(Address) Clarksdale, Mo.

15. FILED 1/31 1931 Emmons REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/29/31 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1930, to Jan 28 1931, 1931, that I last saw him alive on 1/28/31, 1931, and that death occurred, on the date stated above, at 11-30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Toxic Goiter

CONTRIBUTORY (SECONDARY) Wife (duration) yrs. 6 mos. 10 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. St. Joseph, Mo.

DID AN OPERATION PRECEDE DEATH? DATE OF No  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) D. L. Perkins \_\_\_\_\_, M. D.

1/30, 1931 (Address) Clarksdale, 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 DATE OF BURIAL  
Clarksdale Cemetery 1/31/31

20. UNDERTAKER ADDRESS  
C. M. Davis, Clarksdale, 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.

FEB 18 1931

