BUREAU OF V	BOARD OF HEALTH	Do not use this space.
1./PLACE OF DEATH	***	~~~~
County Pemiscot Registration Distr		Pile No.
Township Godair Primary Registrati	on District No. 5869	Registered No
City (No		St
35-mad 3 - \$3-354 4		
th		***************************************
(Usual place of abode)		nresident, 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 fo	reign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, A	id YEAR) June 7th . 19 3
Female White Married	22. I HEREBY CERT	1FY, That I attended deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Tolmo Blocket	only after death	June 7 32
(OR) WIFE OF John Ahart		, 19 Death is sai
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 -15 - 1900	to have occurred on the date stated	
7 AGE YEARS MONTHS DAYS If LESS than 1	The principal cause of death and re	lated causes of importance were as follow
33 2 2/- or min.	antonon	Date of ons
8. Trade, profession, or particular		
kind of work done, as spinner, Housewife sawyer, bookkeeper, etc.	Part land	the state of
9. Industry or business in which	John John John To	# 100
work was done, as silk mill,		N. S.
kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 10. Date decased last worked at this occupation (month and spent in this	100013	CE CR
O this occupation (month and spent in this occupation	Other contributory causes of imports	
12. BIRTHPLACE (CITY OR TOWN)	4277 ()	70000
(STATE OR COUNTRY) Arkansas		
I 13. NAME John Farris		
F		Date of
I4, BIRTHPLACE (CITY OR TOWN) ATK		Was there an autopsy?
15. MAIDEN NAME Don't remember	H 💟	ses (violence), fill in also the following:
D	Where did injury occur?	, Date of injury, 19
5 16. BIRTHPLACE (CITY OR TOWN) Don't reme ber (STATE OR COUNTRY)	(Sp	scify city or town, county, and State)
	Specify whether injury occurred in in	dustry, in home, or in public place.
T-1 A1A	11	***************************************
17. INFORMANT John Ahart	Manner of injury	
17. INFORMANT John Ahart (ADDRESS) Portageville, Missouri.	Manner of injury Nature of injury	,,
17. INFORMANT John Ahart (ADDRESS) Portageville, Missouri.	Nature of injury	related to occupation of deceased?
17. INFORMANT John Ahart (ADDRESS) Portageville, Missouri. 18. BURIAL GREMATION, OR REMOVAL PLACE / Lywelle DATE June 8. 193	11	714
17. INFORMANT John Ahart (ADDRESS) Portageville, Missouri 18. BURIAL, CREMATION, OR, REMOVAL	Nature of injury	related to occupation of deceased?
17. INFORMANT John Ahart (ADDRESS) Portageville, Missouri. 18. BURIAL CREMATION, OR REMOVAL PLACE JULIUM DATE JULIUM 19. UNDERTAKER M. J. 1953.	Nature of injury	related to occupation of deceased?

