

REC'D MAR 17 1939

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

7310
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1607
(b) Township Near Bookerton Primary Registration District No. 5806
(c) City Portageville (d) Street No. 14 St. Mo.
(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

(a) Residence, No. Loyce Ahart Near Portageville, Mo. St. Mo.
(Usual place of abode, if no street address, write county or city) (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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1930
7. AGE YEARS 9 MONTHS 4 DAYS 25 If less than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Pemiscot

FATHER 13. NAME Harvy Ahart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti, Mo
Pemiscott

MOTHER 15. MAIDEN NAME Lillian Brock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missippi Co., Ark.

17. INFORMANT (ADDRESS) Harvy Ahart

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 1-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. M. Payne
Portageville, Mo.

20. FILED 2-21 1939 Mary W. Cook
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan., 29, 39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan., 28th, 39, 19 only, 19.

I last saw him alive on Jan., 28, 39, 19. Death is said to have occurred on the date stated above, at 6 P. m.

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

Influenza About Jan., 20-27 Date of onset

Other contributory causes of importance:

Broncho-Pneumonia

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury None, 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) A. A. Reeder M. D.
Portageville, Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.