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

Do not use this space.

33485

File No. 8 4255
Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 2709 Tracy Avenue St. Ward)

2. FULL NAME Emily Porter Hall

(a) Residence. No. 2709 Tracy Avenue St. Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. Ewing Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Jesse L. Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Lucy A. Stark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Culpepper
(STATE OR COUNTRY) Virginia

14. INFORMANT Porter T. Hall
(Address) 2709 Tracy

15. FILED 11/9, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 8 1927

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to Nov. 7, 1927, that I last saw h. alive on Nov 7, 1927, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio sclerosis
71A
87 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pernicious Anemia
(duration) yrs. 15 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 5801
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. & Blood Exam.
(Signed) R. I. Bloom, M. D.
11, 8, 1927 (Address) Ruth Bldg

*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: Union Cemetery — DATE OF BURIAL: 11-10-1927
20. UNDERTAKER: Shire & McClure — ADDRESS: 924 Oak

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.

1125 Rialto Bldg.
Kansas City, Mo.