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

Do not use this space.

22291

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township — Primary Registration District No. 3011
City — (No. — St. — Ward)

File No.
Registered No. 6 ~~8~~ 120

2. FULL NAME Porter A. Emmons
(a) Residence. No. 327 Temple St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary E. Emmons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Printer
(b) General nature of industry, business, or establishment in which employed (or employer) 811
(c) Name of employer 811

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Buckner Emmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Front Royal
12. MAIDEN NAME OF MOTHER Sallie Porter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT E. L. Evans
(Address) 18 W. 62nd Kansas City Mo

15. FILED July 9, 1930 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 8, 1930, that I last saw him alive on July 8, 1930, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Secondary Lobar pneumonia
Chronic card-
Fibrosis Aortitis
(duration) 8 or 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Likely early dissipation
in early life
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Lafayette Daly, M. D.
July 9, 1930 (Address) Excelsior Springs 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 Mount Moriah K.C. Mo — DATE OF BURIAL July 10 1930

20. UNDERTAKER Herbert Hope — ADDRESS Excelsior Springs Mo

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 6 1930

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