

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

Do not use this space.

13207

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas (No. Home 2809 Mercier) St. _____ Ward _____

File No. _____
 Registered No. 47557

2. FULL NAME

Emma Portelou
 (a) Residence No. 2809 Mercier 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Serry Portelou</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 4 - 1868</u>		
7. AGE YEARS <u>60</u>	MONTHS	DAYS <u>78</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>Abraham Aries</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Montreal</u> (STATE OR COUNTRY) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Louise Roy</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Nebr</u> (STATE OR COUNTRY)

14. INFORMANT Daughter Mrs. Ryo
 (Address) 1400 Proost ave

15. FILED 44 29 M M Emma
 19. _____ REGISTRAR Arch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/2 1928
 17. I HEREBY CERTIFY That I attended deceased from you 10 1928, to 4-2 1928, and that I last saw her alive on 4-2 1928, and that death occurred, on the date stated above, at 6:55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

24 Pernicious Anemia
810 multiple sclerosis
710 (duration) 5 yrs. mos. da.
 CONTRIBUTORY Specific 3+ Wassermann
 (SECONDARY) (duration) yrs. mos. da.

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 + Laboratory Findings
 (Signed) J. Bonhomme M. D.
4/3, 1928 (Address) 7855 So. west Blvd. Kemo

*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 Paul Nebr DATE OF BURIAL April 5 1928

20. UNDERTAKER A. J. DEHNER MORTUARY ADDRESS City

THIS IS A PERMANENT RECORD

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.

