

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

Do not use this space.

37040

1. PLACE OF DEATH

County Jackson
Township Russ
City Kansas City (No. Trinity Lutheran Hosp.)

Registration District No. 399
Primary Registration District No. _____

File No. _____
Registered No. 4697
St. _____ Ward _____

2. FULL NAME

Robert H. Wayman Elstun

(a) Residence. No. Alcazar Hotel St. 7 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1854

7. AGE YEARS 74 MONTHS 5 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Asst. Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Alcazar Hotel
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Benton
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER William Elstun

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frankfort
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Elizabeth Ann McCready

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bave
(STATE OR COUNTRY) Illinois

14. INFORMANT Geo. S. Elstun
(Address) Alcazar Hotel

15. FILED 11/22 1928 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental automobile
1 gunshot multiple
fracture

CONTRIBUTORY (SECONDARY) 1 cc mor (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1880
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Deputy Coroner, M. D.
11/22, 1928 (Address) Deputy Coroner

*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 Emporia, Kans DATE OF BURIAL Nov. 23 1928

20. UNDERTAKER Greenman Mortuary ADDRESS 104 W. 42nd St.

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

