

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

Do not use this space.

27703

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. 824/2/612) _____ St. _____ Ward _____

2. FULL NAME Thomas Elliott
 (a) Residence. No. 824 612 St. 2 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Elliott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 4 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 ; 1 ; 3 ; _____

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Walter Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary Betham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) England

14. INFORMANT Lawrence A Elliott
 (Address) 7216 E 38

15. FILED 8/8/29 M.M. Crow
oach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1929

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1929, to Aug 8, 1929 that I last saw h. alive on 9.10 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23 1/2 (duration) do not know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical, X-ray, sputum
 (Signed) Lawrence A Elliott M. D.
8-8-1929 (Address) 713 West Gate St., Kansas City, 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 Pittsburg Ks DATE OF BURIAL Aug 8, 1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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