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

Do not use this space.

23113

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 3107

City: Kansas City (No. General Hospital St. Ward)

2. FULL NAME Robert H. Elliott

(a) Residence. No. 1602 Central St., 3 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
About 68			

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arizona

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Coroner's Record
(Address)

15. FILED 7/28, 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1930

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 12:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Sodium-Fluoride Poison
1798
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Taken by mistake from bar
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) [signature]
7/27, 1930 (Address) 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	DATE OF BURIAL
Maple Hill	July 29, 30

20. UNDERTAKER	ADDRESS
R. V. Lindsy & Sons, Inc.	Ks City, Mo

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.