

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.

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

Do not use this space.

1649

240

1. PLACE OF DEATHCounty... Jackson Registration District No. 399 Township... Kaw Primary Registration District No. 7002 City... Kansas City(No. General Hospital

File No.

Registered No.

St. Ward)

2. FULL NAME Loren Eldon Cuddy(a) Residence. No. Aladdin Hotel

(Usual place of abode)

St.

Ward.

Gypsum, Kans.

(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**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED****HUSBAND OF
(OR) WIFE OF**LaVeta Carol Cuddy**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct. 10, 1907**7. AGE**

YEARS

21

MONTHS

3

DAYS

6**IF LESS than 1**

day, ... hrs.

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work Salesman

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

Meyer Jewelry Company**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Kansas**10. NAME OF FATHER**Harry J. Cuddy**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Illinois**12. MAIDEN NAME OF MOTHER**Lorraine Lahman**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown**14.**

INFORMANT

(Address)

LaVeta Carol CuddyWichita, Kansas**15.**

FILED

1-17, 1929M. M. CurrieAsst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** January 16 1929**17. I HEREBY CERTIFY, That I attended deceased from**

, 19, to, 19

that I last saw him alive on, 19, and that

death occurred, on the date stated above, at, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide (fire arm)**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

CONTRIBUTORY (SECONDARY) Shot with Meyer jewelry

Es - (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? Autopsy(Signed) Stanley M. Hale, M. D.1/16, 1929 (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

DATE OF BURIAL

Gypsum, Kan1/18 1929**20. UNDERTAKER**

ADDRESS

R. V. Lindsey & Sons, Inc.

City

