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.

JUN 12 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 18863

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

City Kansas City (No. Geberal Hospital St. Ward)

2. FULL NAME Harmon LYBARGER

(a) Residence, No. 2301 Jackson Avenue St., 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: 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: Mrd Mabel Lybarger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6, 1900

7. AGE: YEARS 36 — MONTHS 9 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Stewart Lybarger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Ananda Vanderpool
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Mabel Lybarger, 2301 Jackson, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, KS. DATE 5/4/37, 19

19. UNDERTAKER (ADDRESS): Mellosy-McGilley, K.C. Mo.

20. FILED May 3, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to , 19

I last saw h alive on 10 P 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Phosphorus poisoning — Date of onset

163.

Other contributory causes of importance:

W

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? YP

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/1/37, 19

Where did injury occur? 2301 Jackson K.C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Took electric rat paste

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]

JUN 1 F 1947