JUL 29 1937

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

Do not use this space.

23960

1. PLACE OF DEATH
County: Jasper. Registration District No.: 411 File No.:
Township: Primary Registration District No.: 2002 Registered No.:
City: Joplin (No. St. Johns Hospital St. Ward)

2. FULL NAME: Lyon Cumley.
(a) Residence, No.: 500 - 4th St., Ward. Oswego, Kansas (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 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: Vina Cumley.

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

7. AGE: Years: about 28 Months: Days: If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter - 12 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 6-19-1937
11. Total time (years) spent in this occupation: 12.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): El Dorado Spgs. Mo.

FATHER
13. NAME: L H Cumley.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Unknown -
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Tom Hughes Oswego, Kans.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Oswego Kans. DATE: 6-20 1937

19. UNDERTAKER (ADDRESS): Lahpher Mortuary Joplin Mo.

20. FILED: 6-19 1937 Ed L Jussing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-19 1937 to 6-19 1937
I last saw him alive on June 19 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Suicide by Strychnine Poisoning

Date of onset

Other contributory causes of importance: —

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Name of operation: none Date of:
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? Suicide Date of injury: 6-19 1937
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. A. Winchester Coroner, M. D.
(Address) Joplin, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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