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

DEC 18 1936

Do not use this space.

40419

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 1396

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Leonard McNett,

(a) Residence, No. 2306 South 9th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 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 Jane McNett,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	52	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (month and year) November 1936, 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri,

FATHER

13. NAME Andy McNett,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

MOTHER

15. MAIDEN NAME Mary Murphy,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess County, Missouri,

17. INFORMANT (ADDRESS) Mrs Leonard McNett 2306 So. 9th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Nov. 9th. 1936

19. UNDERTAKER (ADDRESS) Heaton-Bergale & Bowman 319 So. 10th Str. Funeral Home

20. FILED Nov 11 1936 H J Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed on deceased ~~from~~ ..., 19..., to ..., 19...

I last saw him alive on Nov 7, 1936. Death is said to have occurred on the date stated above, at 7:35 a.m.

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

Fractured Skull Hit by ax (Homicidal)

Date of onset

Other contributory causes of importance: Family fight

175

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 10/4, 1936
Where did injury occur? Buchanan (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Struck with ax
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Tomas Thomas Coroner, M. D.
(Address) 731 Faraon