

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 23 1937

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 2704

Township Moberly,

Primary Registration District No. 3034

Registered No. 3

City Moberly, (No. 2)

St. Mo. Ward 1

2. FULL NAME

Leslie Lee Barnett,

(a) Residence, No. 1026 Concannon,

St. Mo.

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Uldena Wilson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	32	8	3	

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. 201
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, MO. 2

FATHER
13. NAME William Arthur Barnett,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly MO.

MOTHER
15. MAIDEN NAME May Settles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana, State.

17. INFORMANT Mrs Leslie Barnett, (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR-REMOVAL PLACE Oakland, DATE Jan 11-1937

19. UNDERTAKER Snow Funeral Home (ADDRESS) Moberly, Mo.

20. FILED 1/11 1937 Virginia Calder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Coroner's base 1937 to 19 1937

I last saw h. alive on 1937 Death is said to have occurred on the date stated above, at 12.30 PM.

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

Suicide by taking poison furnished to have been strychnine

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Medical by Westphal & Co., Mo.

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

Accident, suicide, or homicide? suicide Date of injury 1-9-1937
Where did injury occur? Moberly, Randolph Co., Mo.
(Specify city or town, county, and State)

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

Manner of injury Public place

Nature of injury Public place

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

If so, specify Public place

(Signed) D. J. Shrader, Coroner M. D.

(Address) Moberly, Mo.

10/22/74