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.

AUG 25 1931

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

Do not use this space.

24504

1. PLACE OF DEATH
County Chariton
Township Clark Twp.
City Marceline
Registration District No. 174
Primary Registration District No. 5242
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME George T. Stoneking
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18-1873
7. AGE YEARS 57 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) July 31-1931
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Ill

FATHER
13. NAME Andy Stoneking
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Knox

MOTHER
15. MAIDEN NAME Jennie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Homer Ross 1035 So Main
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Aug 3 1931
19. UNDERTAKER (ADDRESS) Hunter & Rollins Brookfield Mo
20. FILED J. 2, 1931 U. G. Buck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31, 1931
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 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:

Suicide
167 167

Date of onset

Other contributory causes of importance
Shot self with 32 Pistol through Rt. Temple

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, ~~or homicide~~ Suicide Date of injury 7/31, 1931
Where did injury occur? Chariton Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at Country home of Walter Kintner
Manner of injury #32 Pistol
Nature of injury Shot in Rt temple

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G W Hawkins, M. D.
(Address) Salisbury Mo
Coroner Chariton Co.