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.

AUG 22 1932

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 21988
Township — Primary Registration District No. 1001 — Registered No. 658
City St. Joseph, Mo. (No. 415 Woodson St. Ward)

2. FULL NAME George Stallsworth
(a) Residence, No. 415 Woodson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Susie Stallsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 20, 1876

7. AGE: YEARS 56 — MONTHS 2 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 29
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): Holt County Missouri

FATHER
13. NAME: William Stallsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

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

17. INFORMANT (ADDRESS): Susie Stallsworth St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cove DATE July 8, 1932

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home Inc St Joseph, Mo

20. FILED JUL 7 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1932

22. I HEREBY CERTIFY, That I viewed 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 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by fire arms at 415 woodson St Joseph Mo.	
167/167 (5)	

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury 7/7, 1932
Where did injury occur? St Joseph Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Gun shot
Nature of injury Shot thro, left chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B.W. Tadlock Coroner, M. D.
(Address) 621 Francis