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

Do not use this space.

40227

File No. 15

Registered No.

JAN 24 1932

1. PLACE OF DEATH
County Jasper — Registration District No. 4
Township Alba — Primary Registration District No. 2
City Joplin (No. 15 St. Ward)

2. FULL NAME Beulah Shilhatt

(a) Residence, No. St., Ward.
(Usual place of abode) Nearly 8 (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George E. Shilhatt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23-1879
7. AGE YEARS 53 MONTHS 4 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME Greenbury Sattle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

MOTHER
15. MAIDEN NAME Nellie Campey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT George Shilhatt (ADDRESS) Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sylvan Cem DATE 12-19-32
19. UNDERTAKER Heustis Und Co (ADDRESS) Joplin Mo.
20. FILED 12-19-1932 A. Brown Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8-1932
22. I HEREBY CERTIFY, that I attended deceased from Jan 17, 1931, to Dec 8, 1932
I last saw h. alive on Dec 5, 1932. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of line	
Other contributory causes of importance:	

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? Date of injury, 19
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?
If so, specify
(Signed) C. M. Bailey, M. D.
(Address) Joplin Mo.

4000

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