

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

DEC 19 1935

Do not use this space.

33539

1. PLACE OF DEATH

County OREGON Registration District No. 1148
Township WOODRIDGE Primary Registration District No. 0845-
City Honolulu, Mo. St. _____ Ward)

File No. 6
Registered No. _____

2. FULL NAME

Shily Jane Baty

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Baty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Missouri

FATHER
13. NAME Jno. WILKINS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME SARAH COLLIOTT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) W. R. Baty, Honolulu, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE John Hill DATE 10/19- 1935

19. UNDERTAKER (ADDRESS) Robertson's Mortuary, West Plains, Mo

20. FILED Nov 20, 1935 W. R. Baty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1935, to Oct - 18 1935
I last saw h. ex alive on Sept. 24 1935. Death is said to have occurred on the date stated above, at 4:35 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of intestines 6/35?
Date of onset
Other contributory causes of importance
No

Name of operation None Date of _____
What test confirmed diagnosis? Placed Was there an autopsy? no

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? no
If so, specify _____
(Signed) P. D. Quinn, M. D.
(Address) West Plains, Mo

