

APR 2, 1935

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

Do not use this space.

9928

## 1. PLACE OF DEATH

County MONROERegistration District No. 582

Township

Primary Registration District No. 4344City PARIS (No. ....)

File No. ....

Registered No. 11 (Ward)

## 2. FULL NAME

LLOYDBEAUCHAMP(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELLA BEAUCHAMP6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 28, 18857. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or, .... min.  
49 2 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BLACKSMITH

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) DEC. 1934 11. Total time (years) spent in this occupation 2512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co. Mo.13. NAME NELSON BEAUCHAMP14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME ELLA VIOLA GALBREATH16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.H.17. INFORMANT FOSTER BEAUCHAMP (ADDRESS) PARIS, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MAR. 12, 193519. UNDERTAKER SPEED & BLAKEY (ADDRESS) PARIS, Mo.20. FILED MAR 9 1935 H. C. Payne Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 9 1935, 1922. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to Mar 9 1935I last saw him alive on Mar 9 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Heart failure Date of onset 3/6/35Other contributory causes of importance: hypertension, shell shock, mitr.

Name of operation ..... Date of .....

What test confirmed diagnosis? exam Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 .....

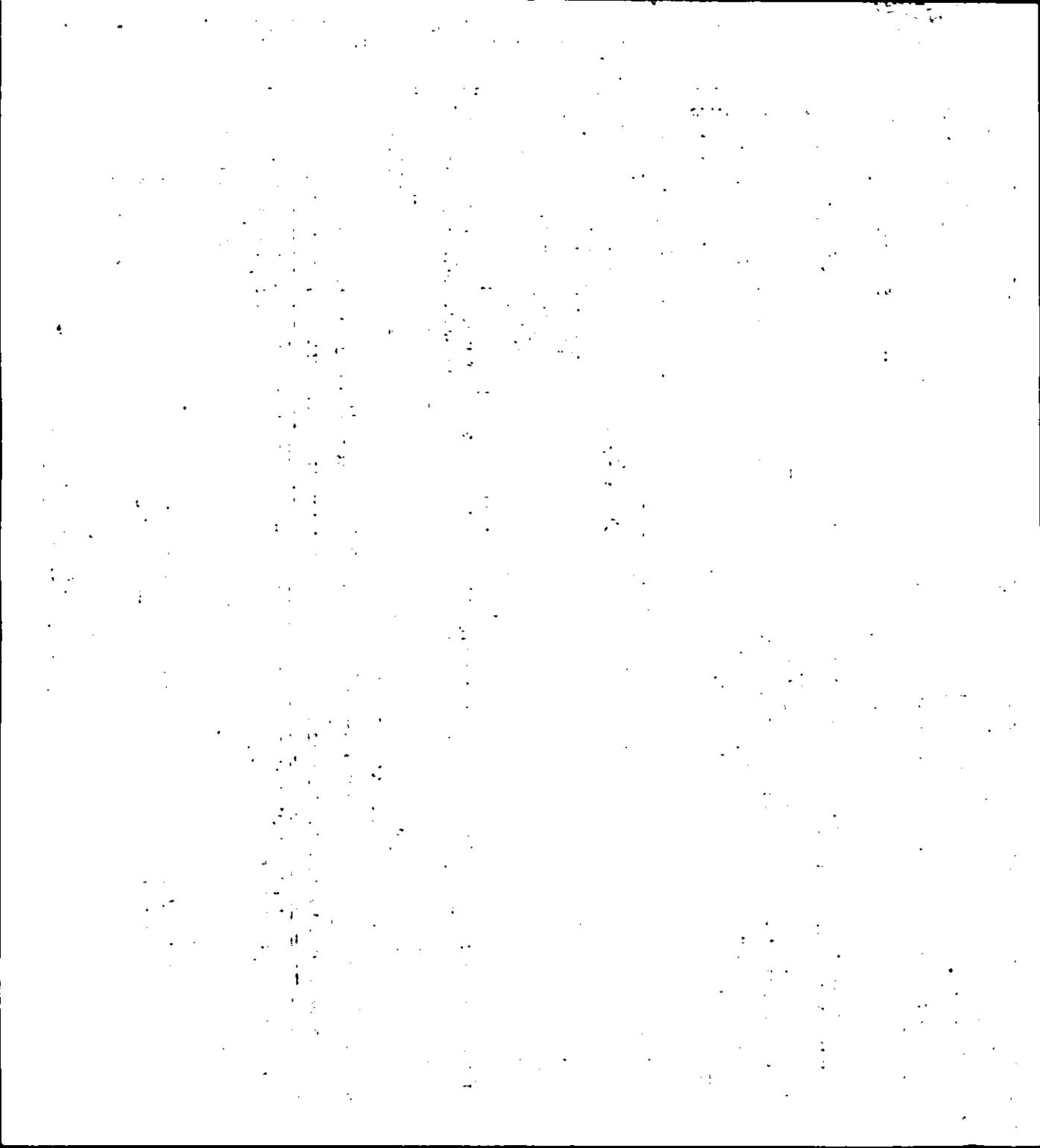
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) G. W. M. Payne M. D.(Address) PARIS, Mo

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.



MAY 29 1935

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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## 1. PLACE OF DEATH

County MonroeRegistration District No. 582

Township

Primary Registration District No. 4344

City

(No.                     )St.                      Ward                     

## 2. FULL NAME

(a) Residence, No. Lloyd Beauchamp 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

## MEDICAL CERTIFICATE OF DEATH

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

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

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

7. AGE YEARS 49 MONTHS 2 DAYS 11 If LESS than 1 day,                      hrs. or                      min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE                      DATE                      19

19. UNDERTAKER (ADDRESS)

20. FILED Mon 9 19 35 H. E. Payne Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19                    , to                     , 19                    Last saw                      alive on                     , 19                     Death is saidto have occurred on the date stated above, at                      m.

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

Peritonitis Date of onset                     Infected Gall Bladder  
Cholelithiasis

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)                      M. D.(Address)

MAY 23 1935

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