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.

MAY 2 5 1935

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

Do not use this space.

12489

1. PLACE OF DEATH
38
County Gentry
Township Bogle
City (No. St. Ward)
Registration District No. 911
Primary Registration District No. 5430
File No.
Registered No.

2. FULL NAME Doris Elizabeth Beauchamps
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	16	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Gentry
(STATE OR COUNTRY) Missouri

FATHER
13. NAME William Beauchamp
14. BIRTHPLACE (CITY OR TOWN) Gentry
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Grace Walker
16. BIRTHPLACE (CITY OR TOWN) Platte City
(STATE OR COUNTRY) Missouri

17. INFORMANT William Beauchamp
(ADDRESS) Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knox Cemetery DATE April 29 1935

19. UNDERTAKER CLIFFORD BROOKS
(ADDRESS) ALBANY, MO.

20. FILED May 10, 19 Mrs C H Williamson *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to April 27, 1935

I last saw her alive on April 27, 1935. Death is said to have occurred on the date stated above, at 9:55 m P.M.

The principal cause of death and related causes of importance were as follows:
Diabetic Coma — Date of onset 4-26-35

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Other contributory causes of importance:
Diabetes

Name of operation ✓ Date of ✓
What test confirmed diagnosis? [illegible] 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) J J Ross, M. D.
(Address) Dr J Ross