1796

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County of Cochise
Township 18 R 21 E Gilt SLT R MR State Arizona Registered No. ____
City St David or Village St David or
No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eliza Kemp Beebe
(a) Residence. No. 2 St David St., ____ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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: Female
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: Nels P. Beebe
6 DATE OF BIRTH (month, day, and year): July 3, 1842
7 AGE: Years 45 Months 8 Days 26 If LESS than 1 day, ____ hrs. or ____ min.
8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Burchill Norfolk England
PARENTS
10 NAME OF FATHER: William Kemp
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER: Elizabeth Billum
13 BIRTHPLACE OF MOTHER (city or town) (State or country)
14 Informant (Address)
15 Filed Jan 6, 1933 J. H. Christinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 29 1888
17 I HEREBY CERTIFY, That I attended deceased from March 20, 1888, to March 29, 1888, that I last saw her alive on March 29, 1888, and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH* was as follows:
Typhoid Pneumonia
(duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY)
(duration) ____ yrs. ____ mos. ____ ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr Grisbeck, M. D.
19 (Address) St David Arizona

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: St. David
DATE OF BURIAL: Mar 29 1888
20 UNDERTAKER: By family
ADDRESS: St. David

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

V. S. No. 93