

2381

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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Graham District \_\_\_\_\_ Town or City Pima No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index - - No. \_\_\_\_\_  
County Registrar's No. 4  
Local Registrar's - No. 4

2. FULL NAME James Robert Beals  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred X yrs. X mos. 12 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) <u>Widowed</u>			16. DATE OF DEATH (month, day, and year) <u>1-20 1922</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Lucy Potter</u> (or) WIFE of _____					17. I HEREBY CERTIFY, That I attended deceased from <u>1-14</u> , 1922 to <u>1-20</u> , 1922, that I last saw him alive on <u>19 Jan.</u> , 1922, and that death occurred, on the date stated above, at <u>6 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Bi lateral Meningitis</u>	
6. DATE OF BIRTH (month, day and year)	7. AGE	Years	Months	Days	IF LESS than 1 day <u>4</u> hrs. or <u>10</u> min.	
	<u>53</u>	<u>9</u>	<u>20</u>			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Employed</u> (c) Name of employer _____					18. Where was disease contracted if not at place of death? <u>Tenn.</u> Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____	
9. BIRTHPLACE (city or town) <u>Kingstown</u> (State or country) <u>Tennessee</u>					(Signed) <u>J. W. Morris</u> , M. D. 19 (Address) <u>Pima</u>	
10. NAME OF FATHER <u>John J. Beals</u>					* 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.)	
11. BIRTHPLACE OF FATHER (city or town) <u>Rayton</u> (State or country) <u>Tenn.</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____ 19 _____	
12. MAIDEN NAME OF MOTHER <u>Alyce</u>					20. UNDERTAKER _____ ADDRESS _____	
13. BIRTHPLACE OF MOTHER (city or town) <u>Rogersville</u> (State or country) <u>Tenn.</u>						
14. Informant <u>Elizabeth F. Beals</u> (Address) _____						
15. Filed <u>Feb 22</u> , 19 <u>22</u> <u>Anna Curran</u> Registrar						
V. S. No. 1						