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Slaughter

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. 62
County Registrar's No. 102
Local Registrar's - No.

PLACE OF DEATH

1. County Gila
District
Town or City Miami No. 925 Live Oak St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME J. H. Beals
(a) Residence. No. 925 Live Oak 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 male
4 COLOR or RACE white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mildred Beals

6. DATE OF BIRTH (month, day and year)

7. AGE 34 Years Months Days IF LESS than 1 day.....hrs. or.....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bridge Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Tenn
(State or country)

PARENTS

10. NAME OF FATHER John S. Beals
11. BIRTHPLACE OF FATHER (city or town) Tenn
(State or country)
12. MAIDEN NAME OF MOTHER Elizabeth F. Dyer
13. BIRTHPLACE OF MOTHER (city or town) Tenn
(State or country)

14. Informant E. M. Beals
(Address) Pima Ariz

15. Filed Apr 10, 1922 B M Sandy Local Registrar

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Apr 10 (month, day, and year) 1922

17. I HEREBY CERTIFY, That I attended deceased from April -2-, 1922 to Apr -10-, 1922, that I last saw him alive on Apr -10-, 1922, and that death occurred, on the date stated above, at 3 P.m.
The CAUSE OF DEATH* was as follows:
Septicemia following Infected Hand
(duration) yrs. mos. 9 ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Ariz
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —
(Signed) T H Slaughter, M. D.
4/11/1922 (Address) Miami Ariz

* 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 Pima Ariz
DATE OF BURIAL Apr 12 1922

20. UNDERTAKER I H Miles & Son
ADDRESS Miami Ay

...PLANET, 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.