

1754

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise BUREAU OF VITAL STATISTICS State Index - - - - No. 27  
 District Beesley County Registrar's - - No. \_\_\_\_\_  
 ORIGINAL CERTIFICATE OF DEATH Local Registrar's - - - No. 60  
 Town or City Beesley No. \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street number). Ward \_\_\_\_\_  
 2. FULL NAME Clarin Beasley  
 (a) Residence. No. 56 Juggerwells St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred 7 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 Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Single  
 (Write the word)  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6. DATE OF BIRTH (month, day and year) 3-28-1918  
 7. AGE Years 8 Months 0 Days 19 IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

16. DATE OF DEATH (month, day, and year) April 16 1926  
 17. I HEREBY CERTIFY, That I attended deceased from April 4, 1926 to April 16, 1926 that I last saw her alive on April 16, 1926 and that death occurred, on the date stated above, at 10:40 P m. The CAUSE OF DEATH\* was as follows:  
Tubercular pneumonia

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer White Plains, N.Y.

CONTRIBUTORY St. Vitus Dance, subcarditis  
 (duration) \_\_\_\_\_ yrs. mos. 7 ds.  
 (duration) \_\_\_\_\_ yrs. mos. 10 ds.

9. BIRTHPLACE (city or town) White Plains, N.Y. (State or country) \_\_\_\_\_  
 10. NAME OF FATHER Clarin Beasley  
 11. BIRTHPLACE OF FATHER Bluffton, S.C. (city or town) (State or country) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Peggy Crashee  
 13. BIRTHPLACE OF MOTHER Sloughville, N.Y. (city or town) (State or country) \_\_\_\_\_

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? \_\_\_\_\_  
 (Signed) R. Ferguson, M. D.  
Apr. 17 1926 (Address) Bunker, N.Y.  
 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.)

14. Informant (Address) \_\_\_\_\_  
 15. Filed 4-17-26, 19 \_\_\_\_\_, 19 \_\_\_\_\_  
 V. S. No. 1 \_\_\_\_\_  
 Local Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION OR REMOVAL Covergreen Cem. DATE OF BURIAL April 18 19 \_\_\_\_\_  
 20. UNDERTAKER Palace Wood Co ADDRESS Beesley, Ariz

MARGIN RESERVED FOR BINDING. 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.

mid-13 4/1/26