1914

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

State Index - - - No. 334
County Registrar's - No.
Local Registrar's - No. 73

PLACE OF DEATH

1. County Pinal
District Ray
Town or City Ray
No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Flake Francis Beckman (Flake F. Beckman)

(a) Residence. No. 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. 7 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

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

7. AGE 26 Years — Months — Days — IF LESS than 1 day ... hrs. or ... min.

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

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

PARENTS

10. NAME OF FATHER Jake Beckman
11. BIRTHPLACE OF FATHER Ver. (city or town) (State or country)
12. MAIDEN NAME OF MOTHER Nina Howard
13. BIRTHPLACE OF MOTHER ark (city or town) (State or country)

14. Informant B Beckman
(Address) Pinal Ariz

15. Filed Sept 23 1927 O. E. Utter M.D. Local Registrar.
Filed ..., 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 13 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...,
that I last saw h... alive on ..., 19...,
and that death occurred, on the date stated above, at 4 A m.
The CAUSE OF DEATH* was as follows:
Hemorrhage of the lungs
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) 10 1/2
(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?
(Signed E W Kunsh Coroner, M. D.
9/13 1927 (Address) Ray 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 Phoenix Ariz
DATE OF BURIAL Sept 14 1927

20. UNDERTAKER Albert Bonnell
ADDRESS Superior Ariz