

2382

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Graham State Arizona
District or ~~City~~ Safford or Village Pima
City No. (If death occurred in a hospital or institution, give NAME instead of street and number).

State File No. 121
Registered No. 138

2. FULL NAME Richard Francis Beals
(a) Residence, No. (Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
5a. If married, widowed, or divorced HUSBAND of Alice Beals (or) WIFE of
6. DATE OF BIRTH (month, day and year) 7-24 Sept 1883
7. AGE Years 46 Months 3 Days 5 IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (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) Hawkins Co. Tenn
10. NAME OF FATHER John S. Beals
11. BIRTHPLACE OF FATHER (city or town) (State or country) Tenn
12. MAIDEN NAME OF MOTHER Elizabeth F. Dyer
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn
14. Informant Alice Beals (Address) Pima, Ariz
15. Filed Jan 8 1930 J. N. Stettin H.B.S. Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH Dec 12 1928
17. I HEREBY CERTIFY That I attended deceased from Dec 17 1929 to Dec 12 1929 that I last saw him alive on Dec 12 1929 and that death occurred on the date stated above, at 4:00 a.m. The CAUSE OF DEATH* was as follows: Cause unknown
18. Where was disease contracted If not at place of death? at place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. W. Langdon M. D. Dec 16 1929 (Address) Safford, 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 DATE OF BURIAL 12/15/29
20. UNDERTAKER Joe Rzepny ADDRESS Pima

N.B.—WRITE PLAINLY WITH UNFADING INK. 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.