

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

1. PLACE OF DEATH County Graham State Arizona District or Township Safford City Pima Length of residence in city or town where death occurred 51 yrs. mos. da. How long in U.S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married 6. DATE OF BIRTH (month, day and year) Oct 6 - 1843 7. AGE Years 85 Months 3 Days 9 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) Stamford Conn England 10. NAME OF FATHER Samuel Beech 11. BIRTHPLACE OF FATHER (city or town) (State or country) England 12. MAIDEN NAME OF MOTHER Elizabeth Gould 13. BIRTHPLACE OF MOTHER (city or town) (State or country) England 14. Informant William Beech (Address) Pima, Arizona 15. Filed Feb 8 - 1931 J. N. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH Jan 15 - 1931 17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931 to Jan 15, 1931 that I last saw him alive on Jan 15, 1931 and that death occurred, on the date stated above, at 9:55 a.m. The CAUSE OF DEATH\* was as follows: Lobes pneumonia (duration) yrs. mos. 12 da. CONTRIBUTORY (Secondary) (duration) yrs. mos. da. 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) O. H. Brandon, M. D. (Address) Pima 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 Pima Ariz DATE OF BURIAL Jan. 17-30 ADDRESS 20. UNDERTAKER W.C. Rawson Safford

MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked for accuracy. THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be understood by all. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B. - WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be understood by all. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B. - WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be understood by all. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. B.