

4 1931

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

1. PLACE OF DEATH: Pima County, Tucson, Arizona. State File No. 341. Local Registrar's No. 109. 2. FULL NAME: Wm M. Beckenridge. (a) Residence, No. Stone Ave + Jackson St.

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX: Male. 4. COLOR or RACE: White. 5. SINGLE, MARRIED, WIDOWED or DIVORCED: Single. 6. DATE OF BIRTH: Dec 25 1874. 7. AGE: 54 yrs, 6 mos, 6 days. 8. OCCUPATION OF DECEASED: Retired Claim agent S.P.Co. 9. BIRTHPLACE: His. 10. NAME OF FATHER: David Beckenridge. 11. BIRTHPLACE OF FATHER: Canada. 12. MAIDEN NAME OF MOTHER: Eliza. 13. BIRTHPLACE OF MOTHER: Canada. 14. Informant: Geo D. Beaumont. 15. Filed: 2-4-31 by Dr. Alvin K... Registrar.

MEDICAL CERTIFICATE OF DEATH: 16. DATE OF DEATH: Jan 31 1931. 17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1930 to Jan 31 1931. Cause of Death: Cardiac Failure Angina pectoris. 18. Where was disease contracted? Place of death. 19. PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cemetery, 1st Plot. DATE OF BURIAL: FEB 3 1931. ADDRESS: Tucson, Arizona.

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.