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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.

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

1. PLACE OF DEATH  
 County Cochise State Arizona District or Township Safford or Village \_\_\_\_\_  
 City Pima Arizona No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Norman Beahm  
 (a) Residence, No. Pima St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U.S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 None

6. DATE OF BIRTH (month, day and year) June 13-1930

7. AGE Years Months Days IF LESS than 1 day hrs. or min.  
2 8 \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER Carl Beahm

11. BIRTHPLACE OF FATHER Safford Ariz (State or country) \_\_\_\_\_ (city or town)

12. MAIDEN NAME OF MOTHER Eva Lamb

13. BIRTHPLACE OF MOTHER Pima (State or country) \_\_\_\_\_ (city or town)

14. Informant Grant Curtis (Address) Safford, Arizona

15. Filed March 8, 1933 J. M. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 13th 1933  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1933 to Feb 13th, 1933, that I last saw him alive on Feb 19th, 1933, and that death occurred, on the date stated above, at 3:30 P. m. The CAUSE OF DEATH\* was as follows:  
Brain Abscess (Post Traumatic 3 weeks)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (Secondary) Injury  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? Spinal tap Date of Feb 13th  
 Was there an autopsy? No  
 What test confirmed diagnosis? Biopsy  
 (Signed) F. W. [Signature], M. D.  
Feb 13 1933 (Address)

\* 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 Arizona DATE OF BURIAL Feb 14 33

20. UNDERTAKER W. C. Rawson ADDRESS Safford