2865

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 111

1. PLACE OF DEATH

County Graham State ARIZONA Registered No. 66.

Township Pima, or Village or

City Pima, No. St., Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME J. H. Beal How long in State when death occurred? yrs. mos. ds.

(a) Residence: No. Pima, Arizona. St., Ward (If not resident give city or town and state)

(Usual place of abode)

9510

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Beal

6. DATE OF BIRTH (month, day, and year) Sept 28, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country) Utah

FATHER

13. NAME J. H. Beal

14. BIRTHPLACE (city or town) (State or Country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT (Address) Taylor Beal Pima, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Pima, Arizona Date 6/22/, 1937

19. EMBALMER License No. Signature

FUNERAL DIRECTOR

Address

20. Filed July 9, 1937 J. N. Shelton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to June 17, 1937

I last saw him alive on June 17, 1937 death is said to have occurred on the date stated above, at 6:30A. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cardiaci Asthma	6/7/37

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. N. Shelton M. D.

(Address) S. Oxford, Ariz.

10M 6-12-36—MS—Form 3—100% RAG Rank of Certificate to be used for any Additional Information