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MARGIN RESERVED FOR BINDING

N. B.—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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

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State File No. _____

1. PLACE OF DEATH

County Mohave State ARIZONA Registered No. 47

Township _____ or Village _____ or

City Kingman 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 15 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

How long in State when death occurred? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Andrew R. Beal

(a) Residence: No. Kingman Ariz. St. _____ Ward _____ (If non-resident give city or town and state)

(Usual place of abode)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) unknown

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

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE 61 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

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

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) Guide Rock Nebraska

FATHER

13. NAME unknown

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) Ernest Graham Kingman, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Place Kingman, Ariz. Date July 14 1937

19. EMBALMER License No. [illegible]

Signature Jay Van Waters

FUNERAL DIRECTOR Van Waters Mortuary

Address Kingman, Arizona

20. Filed 7-14-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Noon, 19__, to _____, 19__

I last saw h____ alive on _____, 19__; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Gunshot wound of the head, self inflicted

Date of Onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: ~~Accident~~, suicide, ~~or homicide~~? Yes Date of injury 7-13, 1937

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

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

Manner of injury Gunshot wound

Nature of injury _____

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

If so, specify _____

(Signed) [illegible] M. D.

(Address) Kingman, Ariz.

10M—6-12-36—MS—Form 3—100% RAG

Back of Certificate to be used for any Additional Information