

4365

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		State File No. <u>291</u>	
1. PLACE OF DEATH		Pima, Arizona		County		Registered No. <u>815</u>	
Township		Tucson		City		St Marys Hospital	
Length of residence in city or town where death occurred		27 yrs. 2 mos. 21 ds.		How long in State where death occurred		21 ds.	
2. FULL NAME		Al C Beckham		(a) Residence: No. Joplin Mo.		St. Ward.	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
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 Pearl Beckham.		(or) WIFE of			
6. DATE OF BIRTH (month, day, and year)		unknown		7. AGE			
Years		Months		Days		If LESS than 1 day, hrs. or min.	
35							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Time Keeper W P A.		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		21. DATE OF DEATH (month, day, and year)			
12. BIRTHPLACE (city or town) (State or Country)		unknown		Sept 7-37 19			
13. NAME		14. BIRTHPLACE (city or town) (State or Country)		22. I HEREBY CERTIFY That I attended deceased from Aug 17, 1937 to Sept 7, 1937			
15. MAIDEN NAME		16. BIRTHPLACE (city or town) (State or Country)		I last saw him alive on Sept 6, 1937; death is said to have occurred on the date stated above, at 7:15 AM.			
17. INFORMANT (Address)		18. BURIAL, CREMATION, OR REMOVAL (Address)		The principal cause of death and related causes of importance were as follows:			
ST Marys Hospital Records, Tucson Ariz.		Evergreen Burial, Date 9/9/37		Tuberculosis Empyema.			
19. EMBALMER (Address)		20. Filed		Other contributory causes of importance:			
Parker Mortuary, Tucson.		9-9, 1937		Tuberculosis Pharyngitis & Laryngitis Contact with <u>Yvonne</u> Date of <u>Yvonne</u>			
20. Registrar		20. Filed		23. If death was due to external causes (violence) fill in also the following:			
HM Parker.		20. Filed		Accident, suicide, or homicide? Date of injury			
20. Registrar		20. Filed		Where did injury occur? (Specify city or town, county and State)			
20. Registrar		20. Filed		Specify whether injury occurred in industry, in home, or in public place.			
20. Registrar		20. Filed		Manner of injury			
20. Registrar		20. Filed		Nature of injury			
20. Registrar		20. Filed		24. Was disease or injury in any way related to occupation of deceased?			
20. Registrar		20. Filed		No			
20. Registrar		20. Filed		If so, specify			
20. Registrar		20. Filed		R. J. Callander M. D. Tucson, Arizona			