

1635

449

Arizona State Board of Health

STANDARD CERTIFICATE OF DEATH

BUREAU OF VITAL STATISTICS

State File No. _____
Registered No. 2

1. PLACE OF DEATH
 County Yuma State ARIZONA
 Township Somerton or Village _____
 City Somerton 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 _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. FULL NAME Clara Bell Beshears How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
 (a) Residence: No. Somerton Arizona St. _____ Ward _____ (If non-resident give city or town and state)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>William C. Beshears</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>August 30 1876</u>		
7. AGE Years <u>62</u>	Months <u>5</u>	Days <u>8</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hwfe</u>		
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) <u>Evergreen Alabama</u>		
13. NAME <u>James Mason</u>		
14. BIRTHPLACE (city or town) (State or Country) <u>Alabama</u>		
15. MAIDEN NAME <u>Mary Northcott</u>		
16. BIRTHPLACE (city or town) (State or Country) <u>Alabama</u>		
17. INFORMANT <u>William C. Beshears</u> (Address) <u>Route 1 Box 28 Somerton</u>		
18. BURIAL, CREMATION, OR REINTERMENT Place <u>Yuma Cemetery</u> Date <u>2/9/39</u> , 19 <u>39</u>		
19. EMBALMER License No. _____ Signature <u>[Signature]</u> FUNERAL DIRECTOR <u>The Johnson Mortuary</u> Address <u>Yuma Arizona</u>		
20. Filed <u>2-10</u> , 19 <u>39</u> Registrar <u>[Signature]</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)
February 7 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to Feb 6, 1939
I last saw her alive on Feb 6, 1939; death is said to have occurred on the date stated above, at 1.15 p

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

Date of Onset _____

Other contributory causes of importance:
Repaired treatment

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloral Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939
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 [Signature] _____, M. D.
(Address) 905 Orange Ave

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.