

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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 302
Registered No. 167

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Maricopa State ARIZONA
Township _____ or Village _____
City Phoenix No. 307 E. Orme 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 29 yrs. 0 mos. 0 ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Beatrice L. McCulloch How long in State where death occurred? 29 yrs. _____ mos. _____ ds.
(a) Residence: 307 E. Orme, Phoenix (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Jan. 29, 1940</u>	
5a. If married, widowed, or divorced HUSBAND of <u>William P. McCulloch</u> (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>May 22, 1939</u> to <u>Jan 29, 1940</u> I last saw <u>her</u> alive on <u>about Dec. 1, 1939</u> ; death is said to have occurred on the date stated above, at <u>1 A. m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec. 20, 1889</u>					The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Lung</u> <u>(metastatic to</u> <u>Carcinoma of Breast)</u> ? Date of Onset _____	
7. AGE	Years <u>50</u>	Months <u>1</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.	Other contributory causes of importance: _____	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				11. Total time (years) spent in this occupation _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>				10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (city or town) <u>Dorchester (Boston)</u> (State or Country) <u>Mass.</u>						
MOTHER	13. NAME <u>James H. West</u>					
	14. BIRTHPLACE (city or town) <u>Spencer, Mass.</u> (State or Country)					
	15. MAIDEN NAME <u>Cora Livermore</u>					
FATHER	16. BIRTHPLACE (city or town) <u>Mass.</u> (State or Country)					
	17. INFORMANT <u>Mr. William P. McCulloch,</u> (Address) <u>307 E. Orme, Phoenix, Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Cremation</u> Place <u>Greenwood</u> Date <u>1-30-40</u> 19__						
19. EMBALMER { License No. <u>235-A</u> Signature <u>Stanley Clegg,</u> FUNERAL DIRECTOR <u>A. L. Moore & Sons,</u> Address <u>Phoenix, Arizona.</u>						
20. Filed <u>Feb 2</u> , 19 <u>40</u> by <u>James J. Huron</u> Registrar (Address) <u>Phoenix, Arizona</u>						

5M 12-16-38 A.P. Form 3 100% Rag Back of Certificate to be used for any Additional Information