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31

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____
Registrar's No. 42

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 3 days; In Community 31 yrs; in Arizona 31 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)

(d) Street No. 2115- Laura Ave; (e) Citizen of foreign country (yes or No) _____ If Yes, which country _____

3. (a) FULL NAME Irl Robert Beecroft (b) If Veteran name war World War I (c) Social Security No. 526-09-3212

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Ruth Beecroft | 6. (c) Age of husband or wife, if alive 41 yrs.

7. Birthdate of deceased August 14th 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	20	hrs. ____ min. ____

9. Birthplace Manessa Colorado (City, town or county) (State or Country)

✓10. Usual Occupation Crane man

11. Industry or Business Phelps Dodge smelter

Father: 12. Name William Beecroft
13. Birthplace Millard Co Utah (City, town or county) (State or Country)

Mother: 14. Maiden Name Mary Valentine
15. Birthplace Jones Co. Mississippi (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Ruth Beecroft
(b) Address 2115- Laura Ave

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas Ariz (c) Date 4-5-43 19

18. (a) Embalmer's Signature Howard E Burns
(b) Funeral Director Porter & Jones
(c) Address Douglas Arizona

19. (a) March 5 -1943 (Date received local Registrar)
(b) Ed Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3-4-43, 19____;
TIME (Hour and minute) 5. A.M. P.M.

21. I hereby certify that I attended the deceased from March 2nd, 1943 to March 4, 1943 that I last saw him alive on March 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death 2nd Third Degree Burns of entire upper & lower extremities and trunk
Due to Scalenus Pneumonia and Toxemia
Due to Burns, 1/3 of abdomen

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence March 2-43
(c) Where did injury occur? Douglas Cochise Ariz (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? C. L. Smith (Specify type of place)
While at work? No (f) Means of injury Hot Matte

23. Signature J. Williams M. D.
Address _____ Date signed 3-5-43

20M 100% Rag 8-42 B. Co. County File No. _____ Date Received _____