9591

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 209
Registrar's No. 482

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location St Monica Hosp. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1,day; In Community 1 day (Specify whether years, months or days); In Arizona Life

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapi; (c) City or Town Prescott (If outside city limits also write RURAL)
(d) Street No. 110 Grove St.; (e) Citizen of foreign country (Yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Richard Edward Beach (b) If Veteran name war ____ (c) Social Security No. unk

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Feb. 18, 1927 (Month) (Day) (Year)

8. AGE: Years 20 | Months xx | Days 21 | If less than one day hrs. ____ min. ____

9. Birthplace Prescott, Arizona (City, town or county) (State or Country)

10. Usual Occupation Student

11. Industry or Business ____

Father
12. Name John W. Beach
13. Birthplace Washington, D. C. (City, town or county) (State or Country)

Mother
14. Maiden Name Carolyn Root Day
15. Birthplace Prescott, Ariz. (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. John W. Beach
(b) Address 110 Grove, Prescott, Ariz.

17. (a) Burial, Cremation or Removal removal
(b) Place Prescott, Ariz. (c) Date 3/10 1947

18. (a) Embalmer's Signature [signature]
(b) Funeral Director Carr Mortuary
(c) Address Tempe, Ariz.

19. (a) MAR 13 1947 (Date received Local Registrar)
(b) Leo T. Hughes by M. Kerr Deputy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 9, 1947;
TIME (Hour and minute) 9:15 P.M. M.

21. I hereby certify that I attended the deceased from coronor investigation to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Head and internal injuries resulting from accident involving motor bicycle and automobile.

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within three months of death)

Major findings:
Of operations ____

Of autopsy ____

DURATION

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 8, 1947
(c) Where did injury occur? Tempe Precinct Maricopa Ariz. (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? no (e) Means of injury as above

23. Signature R. L. McDonald J. P. Tempe M. D.
Address Tempe, Ariz Date signed 3/10/47

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