

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 1002

1. PLACE OF DEATH

County Santa Cruz State ARIZONARegistered No. 29

Township _____ or Village _____

City Nogales 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 19 yrs. _____ mos. _____ ds.

How long in S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Alexander Hodger BeamHow long in State where death occurred? 19 yrs. _____ mos. _____ ds.(a) Residence: No. 430 Hudgin St. St. _____ Ward _____
(Usual place of abode)

(If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maudetta Beam6. DATE OF BIRTH (month, day, and year) Nov. 21, 18707. AGE Years 67 Months 4 Days 26 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired broker
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) Johnstown (State or Country) Pa.13. NAME John Clark Beam14. BIRTHPLACE (city or town) Johnstown (State or Country) Pa.15. MAIDEN NAME Julia Birkfile16. BIRTHPLACE (city or town) _____ (State or Country) Pa.17. INFORMANT Mr. Maudetta Beam GRW (Address) 430 Hudgin St.18. BURIAL, CREMATION, OR REMOVAL BURIAL Place Nogales Gen. Date 4/18/5819. EMBALMER License No. _____ Signature John R. White
FUNERAL DIRECTOR White-Parks Funeral Home
Address Nogales, Arizona20. Filed 4/18, 1958 Charles E. Handy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/17/58, 195822. I HEREBY CERTIFY, That I attended deceased from for several years, to 4/17/58, 1958I last saw him alive on 4/17, 1958; death is said to have occurred on the date stated above, at 3 P.M.

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

Arteriosclerosis, High blood pressure for years, Paroxysmal nocturnal dyspnea, Heart failure syndrome, probably, also, coronary thrombosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicidal _____ Date of injury _____, 1958

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 _____ (Signed) Dr. F. Chenevix M. D.

(Address) _____

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.