

320

303

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

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Mohave State ARIZONA Registered No. 41  
 Township Kingman or Village \_\_\_\_\_  
 City Kingman No. County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds.  
 How long in State when death occurred? 46 yrs. 0 mos. 0 ds.

2. FULL NAME A. R. Teal  
 (a) Residence: No. Kingman, Ariz. (Usual place of abode)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Cauc. 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 1853

7. AGE Years 86 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Winer

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) New York

MOTHER FATHER

13. NAME William Teal

14. BIRTHPLACE (city or town) (State or Country) New York

15. MAIDEN NAME Elizabeth Dean

16. BIRTHPLACE (city or town) (State or Country) New York

17. INFORMANT Mohave County Hospital (Address) Kingman, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Kingman, Ariz. Date 6/12, 1939

19. EMBALMER License No. 139 Signature [Signature] FUNERAL DIRECTOR Van Warts, Mortuary Address Kingman, Ariz.

20. Filed 6/12, 1939 Registrar [Signature]

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 6-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1-39, 1939, to 6-11-39, 1939  
 I last saw him alive on 6-11, 1939; death is said to have occurred on the date stated above, at 10 a m.  
 The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Date of Onset \_\_\_\_\_

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 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 Teal Warts M. D. (Address) Kingman, Ariz.