ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6978

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 23

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 44 yrs. IN ARIZONA: 47 yrs.
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): County Douglas, Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona — COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 818 E. Avenue

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Charles B. (MIDDLE) E. C. (LAST) Ream
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH Dec. DAY 29 YEAR 1876
8. AGE (IN YEARS LAST BIRTHDAY): 75 — IF UNDER 1 YEAR: MONTHS 11 DAYS 9 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED): R. R. Engineer
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
11. CITIZEN OF WHAT COUNTRY?: U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Issac Ream
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: Mary C. Strain
15B. BIRTHPLACE (STATE OR COUNTRY): Ohio
16. INFORMANT'S SIGNATURE: County Hospital Records; Douglas, Ariz. ADDRESS
17. DATE OF DEATH (MONTH) Dec. (DAY) 8, (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) arteriosclerosis — 2 yrs.
DUE TO (C) Buerger's disease — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chr. nephritis contracted — 4 yrs.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/3 1952 TO 12/8 1952 ALIVE ON 12/8 1952 AND THAT DEATH OCCURRED AT 2:25 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R. E. Montgomery (DEGREE OR TITLE) MD.
23B. ADDRESS: Douglas
23C. DATE SIGNED: 12/10/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 12-10-52
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
25A. DATE REC'D BY LOCAL REG.: Dec. 10-52
25B. REGISTRAR'S SIGNATURE: Eu. Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Curtis Faye — ADDRESS: Douglas, Ariz.
27. EMBALMER'S SIGNATURE: Curtis Faye — CERT. NO.: 321

FORM VS 2 REV. 4-15-52