

CERTIFICATE OF DEATH

REGISTRAR'S NO. 600

1. PLACE OF DEATH A. COUNTY <i>Sela</i>	B. LENGTH OF STAY IN THIS TOWN <i>1 day</i> IN ARIZONA <i>unknown</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Yuma</i>	
	C. CITY OR TOWN <i>Globe</i>		C. CITY OR TOWN <i>Kingman</i>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sela General Hospital</i>		D. STREET ADDRESS <i>Rural - South - 50th</i>	
3. NAME OF DECEASED A. (FIRST) <i>William Hugh</i> B. (MIDDLE) <i>Reed</i> C. (LAST) <i>Reed</i>		4. SEX <i>male</i>	5. COLOR OF RACE <i>white</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
6B. NAME OF SPOUSE <i>none</i>		7. DATE OF BIRTH MONTH <i>June</i> DAY <i>23</i> YEAR <i>1909</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>48</i>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>lead mine mining</i>
9B. KIND OF BUSINESS OR INDUSTRY <i>mining</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Highland W. Va.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATE OF SERVICE) <i>Yes - World War I U.S. Army</i>	13. SOCIAL SECURITY NO. <i>298-05-6015</i>
14A. FATHER'S NAME <i>Harlan Barton Reed</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Highland W. Va.</i>	15A. MOTHER'S MAIDEN NAME <i>Clara Sears</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>W. Va.</i>
16. INFORMANT'S SIGNATURE <i>Wm. Reed (Sister) 2070 Ogden</i>		17. DATE OF DEATH MONTH <i>Dec.</i> DAY <i>6</i> YEAR <i>1957</i>		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, ANEMIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>12-5-57</i> TO <i>12-6-57</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>12-6-57</i> AND THAT DEATH OCCURRED AT <i>6:35 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
22A. SIGNATURE <i>George Schmidt M.D.</i>		22B. ADDRESS <i>104 N. Broad St.</i>		22C. DATE SIGNED <i>12-6-57</i>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>Natural</i>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Home</i>		23C. (CITY OR TOWN) (COUNTY) (STATE) <i>Globe Yuma Ariz.</i>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE <i>Clara Reed</i>		24B. ADDRESS <i>Box 811 Globe Yuma</i>		24C. DATE SIGNED <i>12-7-57</i>
25A. BURIAL OR CREMATION (REMOVAL) <input type="checkbox"/>		25B. DATE <i>Dec 15-1957</i>	25C. NAME OF CEMETERY OR CREMATORY <i>Rest Haven Cemetery</i>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Globe Yuma Ariz.</i>
26A. DATE REC. BY LOCAL REG. <i>12-14-57</i>		26B. REGISTRAR'S SIGNATURE <i>Gene Wallace</i>		26C. FUNERAL DIRECTOR'S SIGNATURE <i>Gene James Wacker</i>
26D. EMBALMER'S SIGNATURE <i>Gene James Wacker</i>		26E. EMBALMER'S CERT. NO. <i>#323</i>		

1 05 OF DEATH AND 98 RESIDENCE 1201
CEDENT 2
PERSONAL DATA 118
4
457
5811
CAUSE OF DEATH (EM 18)
RELATIONS, AUTOPSY 2
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATIONS
FUNERAL DIRECTOR AND REGISTRAR