

CERTIFICATE OF DEATH

REGISTRAR'S NO. 28

BIRTH NO.

1 OF DEATH
AND 98
RESIDENCE
X.

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN OR CITY IN ARIZONA <u>125/47</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <u>Payson</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u>	B. COUNTY <u>Gila</u>
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Payson</u>				D. STREET ADDRESS <u>Payson</u>	
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION				IF RURAL, GIVE LOCATION IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PRECEDENT 2
PERSONAL DATA 136

3. NAME OF DECEASED A. (FIRST) <u>William</u> B. (MIDDLE) <u>D.</u> C. (LAST) <u>Reynolds</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>
6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>12</u> YEAR <u>1877</u>		8. AGE (IF EXACT) LAST BIRTHDAY MONTH <u>96</u> YEARS <u>86</u> DAYS <u>4</u>
9. KIND OF BUSINESS OR INDUSTRY <u>miner</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Chicago</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		

7
958

14A. FATHER'S NAME <u>Wm Reynolds</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ill.</u>	15A. MOTHER'S MAIDEN NAME <u>Alice Susan</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Ill.</u>
16. INFORMANT'S SIGNATURE <u>C. R. Robbins</u>		ADDRESS <u>Payson, Ariz.</u>	
17. DATE OF DEATH MONTH <u>09</u> DAY <u>16</u> YEAR <u>58</u>			

500
CAUSE OF DEATH
TEM 18)
0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>HEART ATTACK</u>		MEDICAL CERTIFICATION (A) <u>Heart Attack</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		DUE TO (B) <u>arteriosclerosis</u>		<u>many years</u>
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (C)		
3. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

RATIONS, UTOPIA 2

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION 4

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar. 1958 present IS present THAT I LAST SAW THE DECEASED ALIVE ON June 16, 1958 AND THAT DEATH OCCURRED AT 3:30 P FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>Wm B. Gilbert, M.D.</u>	22B. ADDRESS <u>Payson, Ariz.</u>	22C. DATE SIGNED <u>9-17-58</u>
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DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) <u>NATURAL CAUSE</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

DRONER'S CERTIFICATION 1

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL DIRECTOR AND REGISTRAR 86

25A. BURIAL OR CREMATION (REMOVAL) <input checked="" type="checkbox"/>	25B. DATE <u>9-19-1958</u>	25C. NAME OF CEMETERY OR CREMATOR <u>Payson Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Payson, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>9-22</u>	26B. REGISTRAR'S SIGNATURE <u>Em Hathaway</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Wm B. Gilbert</u>	27B. ADDRESS <u>Payson, Ariz.</u>
28. EMBALMER'S SIGNATURE <u>W. B. Gilbert</u>		28B. EMBALMER'S CERT. NO. <u>247A</u>	