638

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1370

Registered No. 19-E

MARGIN RESERVED FOR BINDING 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. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH

County: Yavapai State: Arizona or

District or Township: Prescott or Village:

City: P No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME George D. Reiff

(a) Residence, No. Leland Mine St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Male	White	Married

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

6. DATE OF BIRTH (month, day and year) June 4, 1894

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
35	7	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) Kirkland
(State or country) Arizona

PARENTS

10. NAME OF FATHER W. A. Reiff

11. BIRTHPLACE OF FATHER No record (city or town)
(State or country) " "

12. MAIDEN NAME OF MOTHER " "

13. BIRTHPLACE OF MOTHER " (city or town)
(State or country) "

14. Informant J. S. Carner,
(Address) Mayer, Arizona

15. Filed 1/24/30, 19 Harry T. Southworth Registrar.

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 21, 1930
Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw him alive on ..., 19..., and that death occurred, on the date stated above, at 7 PM m.

The CAUSE OF DEATH* was as follows:
Accidental by explosion of delayed primer holding fire in mine blast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Harry McMichael, M. D.
(Address) Coroner Mayer Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. View Cemetery	1/24/30
20. UNDERTAKER	ADDRESS
Lester Ruffner	Prescott, Az.