

1126

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.

**STANDARD CERTIFICATE OF DEATH**      **Arizona State Board of Health**      **BUREAU OF VITAL STATISTICS**

1. PLACE OF DEATH  
 County Gila State ARIZONA State File No. 65  
 Township Globe or Village \_\_\_\_\_ Registered No. 247  
 City \_\_\_\_\_ No. \_\_\_\_\_ or \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)      Ward \_\_\_\_\_  
 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.  
 2. FULL NAME Joseph Reider How long in State when death occurred 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Winkelman Ariz. St. \_\_\_\_\_ Ward Winkelman Ariz. (If non-resident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W German 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) \_\_\_\_\_

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

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

7. AGE      Years      Months      Days      If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. prospector  
 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 \_\_\_\_\_

MOTHER FATHER  
 12. BIRTHPLACE (city or town) (state or country) Winkelman  
 13. NAME German  
 14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT (Address) Gila Co Ariz.  
 18. BURIAL, CREMATION, OR REMOVAL  
 Place Pinal County Date 2-28 1934  
 19. UNDERTAKER (Address) Miles Mortuary  
Globe  
 20. Date March 10 1934 Arnon B. B. Jr. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 2/26 1934  
 22. I HEREBY CERTIFY That I attended deceased from Jan 74 to Feb 76 1934  
 I last saw him live on Jan 76 death is said to have occurred on the date stated above, 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia  
Chronic Bronchitis  
Myocardial weakness  
 Date of Onset \_\_\_\_\_

Other contributory causes of importance:  
 \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1934  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. B. Jr. M. D.  
 (Address) Winkelman, Arizona

20M 4-19-33 MS 48294 Form 3  
 Back of Certificate to be used for any Additional Information