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Arizona State Board of Health

1. PLACE OF DEATH STANDARD CERTIFICATE OF DEATH BUREAU OF VITAL STATISTICS STATE FILE NO. 63

COUNTY Gila STATE ARIZONA REGISTERED NO. 30

TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ CITY Globe NO. 365 South First Street ST. \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 2 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN \_\_\_\_\_ OF FOREIGN BIRTH \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Harry Wilson Reddick HOW LONG IN STATE WHEN DEATH OCCURRED 13 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

(A) RESIDENCE: NO. 365 South First Street WARD \_\_\_\_\_ (IF NON-RESIDENT STATE CITY TOWN AND STATE)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Reddick Wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1862

7. AGE YEARS 73 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Stationary Steam

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Engineer Retired

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTY) Tenn.

13. NAME ?

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTY) \_\_\_\_\_

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTY) \_\_\_\_\_

17. INFORMANT Mrs. Addie Reddick (ADDRESS) Globe Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Blake Cemetery DATE 4-12-35

19. EMBALMER { LICENSE NO. 184-A SIGNATURE [Signature] FUNERAL DIRECTOR License #10-A [Signature] ADDRESS Globe Arizona

20. FILED April 18, 1935 REGISTRAR [Signature]

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11 . 35

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb 14, 1935, TO Apr 11, 1935

I LAST SAW H. in ALIVE ON April, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:45 A M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Cardio renal complex DATE OF ONSET Dec-34

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Cirrhosis of liver Apr 11-35

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? no

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_

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) R. D. Kennedy M. D. (ADDRESS) Globe Ariz

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.

*S. Kennedy*