

1621

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.

Kennedy 87

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
COUNTY Gila STATE ARIZONA REGISTERED NO. 100
TOWNSHIP _____ OR VILLAGE _____
CITY Globe NO. Gila County Hosp. ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 3 YRS. 3 MOS. 0 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 3 YRS. 3 MOS. 0 DS.
2. FULL NAME Frank Reed HOW LONG IN STATE WHEN DEATH OCCURRED? 3 YRS. 3 MOS. 0 DS.
(A) RESIDENCE: NO. Payson Arizona ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED; WRITE THE WORD <u>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 17, 1936</u>	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec 12, 1936, to Dec 15, 1936</u> I LAST SAW HIM ALIVE ON <u>Dec 15, 1936</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:00 P.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u> DATE OF ONSET <u>Dec 11, 1936</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____ _____ _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 th 1903</u>				NAME OF OPERATION _____ DATE OF _____	
7. AGE	YEARS <u>32</u>	MONTHS <u>7</u>	DAYS _____	WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? <u>no</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				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 _____	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				MANNER OF INJURY _____ NATURE OF INJURY _____	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY _____ (SIGNED) <u>R.D. Kennedy</u> M. D. (ADDRESS) <u>Globe, Ariz</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>KANSAS</u>				19. EMBALMER } LICENSE NO. <u>2747-A</u> FUNERAL DIRECTOR } SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	
13. NAME <u>Mellor Reed</u>				20. FILED <u>Dec 23, 1936</u> REGISTRAR <u>[Signature]</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>INDIANA</u>				18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Final</u> DATE <u>12/17/36</u>	
15. MAIDEN NAME <u>Clara Steele</u>				17. INFORMANT <u>Gila County Hosp.</u> (ADDRESS) <u>Globe, Arizona</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>KANSAS</u>				19. EMBALMER } LICENSE NO. <u>65-A</u> FUNERAL DIRECTOR } SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	