2370

STANDARD CERTIFICATE OF DEATH | **Arizona State Board of Health** | STATE FILE NO. _____ **122**

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

COUNTY _Gila_

TOWNSHIP _Miami_ — STATE _____ ARIZONA _____ REGISTERED NO. _15_

CITY _____ OR VILLAGE _____ OR

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE NO. _Globe Highway_ ST. _____ WARD

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 _Robert Reynolds_ HOW LONG IN STATE WHEN DEATH OCCURRED? ___ YRS. ___ MOS. ___ DS.

(A) RESIDENCE: NO. _Globe Highway_

(USUAL PLACE OF ABODE) ST., _____ WARD _____

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD)
Male	_White_	

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.
_75_			

OCCUPATION

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.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

FATHER

12. BIRTHPLACE (CITY OR TOWN) _London_
(STATE OR COUNTY)

13. NAME _Unknown_

14. BIRTHPLACE (CITY OR TOWN) _Unknown_
(STATE OR COUNTY)

MOTHER

15. MAIDEN NAME _Unknown_

16. BIRTHPLACE (CITY OR TOWN) _Unknown_
(STATE OR COUNTY)

17. INFORMANT _Harry R. Tynson_
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL _Burial_
PLACE _Burial_ DATE _2-2_ 19_36_

19. EMBALMER { LICENSE NO. _229_
{ SIGNATURE _____
FUNERAL
DIRECTOR _____
ADDRESS _Miami, Ariz._

20. FILED _Feb. 8th_ 19_37_ _C. M. Orton_
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan. 31_ , 19_37_

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

_____ , 19___ , TO _____ , 19___

I LAST SAW H_____ ALIVE ON _____ , 19___ ; DEATH IS SAID

TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Coronary Thrombosis

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

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) _Harry P. Hynson Conroy_ M.D.

(ADDRESS) _Miami, Arizona Gila_

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION