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E---On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

68

1. PLACE OF DEATH
 County Gila State Arizona Registered No. _____
 Township On reservation with medical care Village San Carlos or _____
 City _____ No. No hospital St. _____ Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If at foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Reede, Felecia
 (a) Residence: No. San Carlos, Arizona St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) Jan. 31st, 1936

7. AGE Years 1 Months 7 Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 _____

12. BIRTHPLACE (city or town) San Carlos, Arizona (State or country)

13. NAME Reede, Minton

14. BIRTHPLACE (city or town) San Carlos, Arizona (State or country)

15. MAIDEN NAME Dosela, Ella

16. BIRTHPLACE (city or town) San Carlos, Arizona (State or country)

17. INFORMANT Miss Sarah Babb (Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date Sept. 9th 1937

19. UNDERTAKER Family (Address) San Carlos, Arizona

20. FILED Sept. 11th 37 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1937, to Sept. 7th, 1937
 I last saw her alive on Sept. 7th, 1937; death is said to have occurred on the date stated above, at 12:00 noon.
 The principal cause of death and related causes of importance were as follows:
Diarrhea Date of onset 1 week
Starvation Date of onset 1 week

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) [Signature] M. D.
 (Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING
 8-2009 I
 V. B. No. 98
 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. See instructions on back of certificate.