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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.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH STATE FILE NO. 72

1. PLACE OF DEATH
 COUNTY Gila STATE ARIZONA REGISTERED NO. _____
 TOWNSHIP _____ OR VILLAGE _____ OR
 CITY Miami NO. _____ 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 7 YRS. 7 MOS. _____ DS. HOW LONG IN U. S. IF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Mildred Ernestine Reed HOW LONG IN STATE WHEN DEATH OCCURRED? _____ YRS. _____ MOS. _____ DS.
 (A) RESIDENCE NO. 3013 Loomis, ST. _____ WARD _____
(USUAL PLACE OF ABODE) IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) July 28, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY	HRS.	OR	MIN.
	3	01	6				

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Child at Home

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) (STATE OR COUNTY) White County, Arkansas

13. NAME Clyde Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Marion County Arkansas

15. MAIDEN NAME Laveda Hamner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Cleburne County Arkansas

17. INFORMANT (ADDRESS) Clyde Reed 3013 Loomis St. Miami, Ariz

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinal Cemetery DATE 10/6/37

19. EMBALMER LICENSE NO. 200 A SIGNATURE W. H. McLellan
 FUNERAL DIRECTOR Miles Mortuary
 ADDRESS Miami Arizona

20. FILED Oct 4, 1937 Richard Brayton REGISTRAR (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1937

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 4:45 A M.

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

<u>Whooping Cough</u>	DATE OF ONSET <u>Sept 20</u>
<u>Broncho-Pneumonia.</u>	

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? _____
 IF SO, SPECIFY (SIGNED) J. E. O'Connell M. D.
 (ADDRESS) _____

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION