

601

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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** State File No. 61
 BUREAU OF VITAL STATISTICS **ARIZONA** Registered No. 61

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township Globe or Village _____
 City Globe No. 413 South 5th St. St. _____ Wa _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 31 yrs. mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. mos. _____ ds.
 How long in State when death occurred? 37 yrs. mos. _____ ds.

2. FULL NAME William Pratt Reynolds
 (a) Residence: No. 413 South 5th St. St. _____ Ward _____ (If non-resident give city or town and state)

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 Mrs. Emma Reynolds

6. DATE OF BIRTH (month, day, and year) 2/29/1876

7. AGE Years 62 Months 4 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Broker, Retired
 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 Country) Lakewood, New Jersey

MOTHER FATHER
 13. NAME No Record
 14. BIRTHPLACE (city or town) (State or Country) No Record
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (city or town) (State or Country) No Record

17. INFORMANT (Address) Mrs. Emma Reynolds, Globe, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place Leavenworth, Kansas Date 7/19/1938
 Removal

19. EMBALMER License No. 218-A Signature Edw. W. Jones
 FUNERAL DIRECTOR License # 10-A Signature Edw. W. Jones
 Address Globe, Arizona

20. Filed July 18, 1938 Registrar June Wheeler

MEDICAL CERTIFICATE OF DEATH 1938

21. DATE OF DEATH (month, day, and year) July 16 1938

22. I HEREBY CERTIFY, That I attended deceased for you 1 38 to July 16 38 1938
 I last saw ~~him~~ alive on July 16 1938; death is at to have occurred on the date stated above, at 9:55 PM

The principal cause of death and related causes of importance were as follows:
Carcinoma Liver
Carcinoma Colon

Date of On _____

Other contributory causes of importance: _____

Name of operation Resection Colon Date of June 3
 What test confirmed diagnosis? mesorepe no there an autopsy?

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) Edw. W. Jones M.
 (Address) Globe