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San Carlos Agency E-On R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Gila State Arizona Registered No. 51
 Township On reservation with medical care Village San Carlos or
 City _____ No. No hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give the name instead of street and number)
 Length of residence in city or town where death occurred Life mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME Reed, Robert Jr.
 (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 Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (month, day, and year) June 28th, 1938

7. AGE Years _____ Months 6 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, 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, (State or country) Arizona

13. NAME Reed, Robert Sr.

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

15. MAIDEN NAME Reede, Anna

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

17. INFORMANT Agency Records, (Address) San Carlos, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial Place San Carlos, Ariz. Date 1-16-39, 19____

19. UNDERTAKER Family (Address) San Carlos, Arizona.

20. FILED Jan. 18th 39 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8th, 1939, to Jan. 15th, 1939
 I last saw him alive on Jan. 15th, 1939 death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, lobular 1-7-39

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) Dr. J. J. [Signature] M. D.
 (Address) San Carlos, Arizona.

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. See instructions on back of certificate.

V. S. No. 58