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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS State File No. \_\_\_\_\_

1. PLACE OF DEATH  
County Yuma State ARIZONA Registered No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Insurrection Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.  
2. FULL NAME David Luther Reeder How long in state when death occurred 25 yrs. 0 mos. 0 ds.  
(a) Residence: No. 40 Hill 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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Reeder

6. DATE OF BIRTH (month, day, and year) Sept 13, 1917

7. AGE Years 61 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurrection Hospital

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) Rosston Ark.

FATHER 13. NAME William J. Reeder Date of \_\_\_\_\_

14. BIRTHPLACE (city or town) (State or Country) Ark.

MOTHER 15. MAIDEN NAME Mary Susan Reeder Date of \_\_\_\_\_

16. BIRTHPLACE (city or town) (State or Country) Missouri

17. INFORMANT (Address) Margaret Reeder 40 Hill St

18. BURIAL, CREMATION, OR REMOVAL Place Mogales Ariz Date 2-27-39

19. EMBALMER License No. \_\_\_\_\_ Signature W. F. McCallan

FUNERAL DIRECTOR Wiles Mortuary Address Miami Ariz

20. Filed Feb 27 1939 at Yuma Ariz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/19 1939 to 2/19 1939  
I last saw him alive on 2/19 1939; death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:  
Gunshot wound 2/19/39  
Skull (from history)  
Cerebral Hemorrhage 2/19/39

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: (said to be) \_\_\_\_\_ Date of injury 2/19 1939  
Accident, suicide, or homicide? \_\_\_\_\_  
Where did injury occur? Miami Ariz  
(Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Self inflicted  
Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_  
(Signed) Dwight A. Bauer M. D.  
Miami Ariz (Address)