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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

1. PLACE OF DEATH  
County Gila State ARIZONA State File No. \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ 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 yrs. mos. ds. 40 How long in S. or foreign birth? yrs. mos. ds.  
2. FULL NAME Francis J. Reid How long in State when death occurred? yrs. mos. ds.  
(a) Residence: No. 200 Gordon St. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Sept 23, 1937</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Zellma Reid</u>				I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>3:30 a.m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb 12, 1873</u>				The principal cause of death and related causes of importance were as follows:	
7. AGE	Years <u>64</u>	Months <u>7</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>			Other contributory causes of importance:	
	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) <u>Lansville</u> (State or Country) <u>Mass.</u>					
MOTHER	13. NAME <u>James Reid</u>				
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)				
	15. MAIDEN NAME <u>Unknown</u>				
FATHER	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or Country)				
	17. INFORMANT <u>Mrs. Zellma Reid</u> (Address) <u>Miami, Ariz.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Rival Cem.</u> Date <u>Sept 20, 1937</u>					
19. EMBALMER License No. _____ Signature <u>John C. Sahaly</u>		FUNERAL DIRECTOR <u>Rita B. Miles</u> Address <u>Miami, Arizona</u>			
20. Date <u>Sept 24, 1937</u> Registrar <u>Thomas S. Branyon</u> (Address) <u>Miami, Arizona</u>					