T- 0 T-	San Carlos Agency
EOn R. BUREAU OF THE CENSUS STANDARD CERTI	FICATE OF DEATH Registered No. 81
1. PLACE OF DEATH: County Gila	State Arizona
TownshipOn reservation with medical care	or Village San Carlos
City	Carlos Hospital St., Ward.
Length of residence in city or town where death occurred lifeyrs	occurred in a hospital or institution, give its NA & intend street and number) days. How long in U.S., if of prology sirth?yr
2. FULL NAME Reede, Charles (Charlie)	
Residence: No. San Carlos, Arizona	St., Ward.
(Usual place of abode)	ionresident, eve city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (month, day, and year) January 15, 1940 XIX
Male 4/4 Apache Married	22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1940, 1930 Jan. 15th, 1940, 1930 X
5a. If married, widowed, or divorced HUSBAND of theede, Alice Steele (or) Wift of	I last saw h im alive on January 15th, 1940, 793X, death is said
(N) MILE 91	.
6. DATE OF BIRTH (month, day, and year) ? ? 1861	tribuse occurred on the date stated above, at 4:35 0 mm. The principal cause of death and related causes of importance were as follows:
7. AGE Years Months Days lilesSthan 1 day,	Date of passet
hrs. ormins.	Pneumonia, lobular. 1-13-40
8. Irade, profession, or particular kind of work done as sepanner, None aswyr, bookkeeper, etc.	
Ring of work done as spenner, None	
sawmill, bank, etc. 10. Date deceased last worked at 11. Total time (years)	-
this occupation (month and year) spent in this occupation	Other contributory causes of importances
12. BIRTHPLACE (city or town and State or country):	
San Carlos, Arizona	-
E 13. NAME: Unknown	Name of operation Date of
14. BIRTHPLACE (city or town and State or country):	What test confirmed diagnosis? Clinical Was there an autopsy?NO
Unknown	23. If death was due to external causes (violence), fill in also the following:
± 15. MAIDEN NAME: ₩	Accident, suicide, or homicide? Date of injury, 193
16. BIRTHPLACE (city or town and State or country):	Where did injury occur?(Specify city or town, county, and State)
\TI Onknown	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place:
17. INFORMANT (name and address):	
Hospital, San Carlos, Arizona	Manner of Injury
18. BURIAL, CREMATION, OR REMOVAL:	Nohana of Intures
Place San Carlos, Ariz. Date Jan. 16, 1940	24. Was disease or injury in any way related to occupation of deceased 1/2
19. UNDERTAKER (name and address): Family, San Carlos, Arizons	If so, specify—
	(Signed) Afrat Il wanning ham Mill
20. FILED Jan. 16, 1940 Chart Jummer Ann No Registrer.	(Address) San Carlos, Arizona
8-200 h.	NTING OFFICE 11-3184

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