

1654

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 67
Registrar's No. _____

1. Place of Death: (a) County GILA (b) City or Town MIAMI (c) Location 205 Gordon St
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community Unknown; In Arizona Unknown
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County GILA; (c) City or Town Lower Miami
(If outside city limits write RURAL)
(d) Street No. 205 Gordon St (e) If foreign born, in U. S. A. No yrs.
3. (a) FULL NAME ZELMA REID (b) If veteran name war No (c) Social Security No. No
(If NONE write the word)

4. Sex FEMALE 5. Color or Race White 6. (a) Single, married, widowed or divorced _____
(b) Name of husband FRANK REID 6. (c) Age of husband _____ or wife, if alive _____ yrs.
7. Birthdate of deceased Nov 27 1878
(Month) (Day) (Year)
8. AGE: Years 61 Months 8 Days 10 If less than one day _____ hrs _____ min _____
9. Birthplace Unknown Name
(City, town or county) (State or Country)
10. Usual Occupation House Wife
11. Industry or Business _____
Father { 12. Name Unknown
13. Birthplace _____
(City, town or county) (State or Country)
Mother { 14. Maiden Name Unknown
15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature Jillan Calahan
(b) Address 205 Gordon St Miami
17. (a) Burial, Cremation or Removal Buried
(b) Place Prod Cem (c) Date Aug 10 1940
18. (a) Embalmer's Signature J. J. Maleski
(b) Funeral Director J. J. Maleski
(c) Address Miami, Arizona
19. (a) August 10-1940
(Date received local Registrar)
(b) Leslie D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) August 6 or 5th 1940;
TIME (Hour and minute) Exact time Unknown M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure
Due to Acute broncho-pneumonia DURATION 3 days
Due to Influenza
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy Congestion of apices of both lungs PHYSICIAN _____
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following: No
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? MIAMI PRECINCT, GILA CO., ARIZONA
23. Signature J. J. Maleski M.D.
Address Miami, Arizona Date signed 8-8-40