

2587

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

68

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. ....

Registrar's No. 103

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location County Hospital  
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 31 days; In Community 47 Yrs.; In Arizona 66 Yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe  
(If outside city limits write RURAL)  
(d) Street No. ....; (e) If foreign born, in U. S. A. .... yrs.  
(b) If veteran name war. .... (c) Social Security No. None  
(If NONE write the word)

3. (a) FULL NAME Charles Casey Reed  
4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Widowed  
6. (b) Name of husband Hanna C. Reed 6. (c) Age of husband or wife, if alive. .... yrs.  
7. Birthdate of deceased Jan. 3, 1845  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
95 9 20 hrs. .... min. ....  
9. Birthplace Marlsburgh Ohio  
(City, town or county) (State or Country)  
10. Usual Occupation Cattleman & Butcher- Retired  
11. Industry or Business  
12. Name No Record  
13. Birthplace Ohio  
(City, town or county) (State or Country)  
14. Maiden Name No Record  
15. Birthplace Ohio  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Emmett D. Reed  
(b) Address Phoenix Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place Globe Cem. (c) Date Oct. 25, 1940  
18. (a) Embalmer's Signature Fred H. Jones  
(b) Funeral Director Fred H. Jones  
(c) Address Globe Arizona  
19. (a) Oct. 30 - 1940  
(Date received local Registrar)  
(b) J. Irene Wavelle  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 23, 1940  
TIME (Hour and minute) 4:30 P.M.  
21. I hereby certify that I attended the deceased from Oct. 23, 1930  
to Oct. 23, 1940  
that I last saw him alive on Oct 23, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Arteriosclerosis  
Due to Chronic myocarditis  
Due to Prostatic Hypertrophy  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

DURATION  
1 month  
5 years  
10 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(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? (e) Means of injury .....  
23. Signature Nelson D. Brayton  
Address Miami Arizona Date signed Oct 25, 1940