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San Carlos Agency
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 87

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location No hospital
 (d) Length of Stay: In Hospital or Institution life 4 mos.; In Community life 4 mos.; In Arizona life 4 mos.
 2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos
 (d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.
 3. (a) FULL NAME Kenneth Reed (b) If veteran name war 107 (c) Social Security No. None
 (If NONE write the word)

4. Sex Male 5. Color or Race 4/4 Apache 6. (a) Single, married, widowed Single
 (b) Name of husband or wife - (c) Age of husband or wife, if alive - yrs.
 7. Birthdate of deceased February 10, 1941
 (Month) (Day) (Year)
 8. AGE: Years - Months 4 Days - If less than one day
 hrs. - min. -
 9. Birthplace San Carlos, Arizona
 (City, town or county) (State or Country)
 10. Usual Occupation None
 11. Industry or Business -
 12. Name Robert Perry Reed
 13. Birthplace San Carlos, Arizona
 (City, town or county) (State or Country)
 14. Maiden Name Anna Reede
 15. Birthplace San Carlos, Arizona
 (City, town or county) (State or Country)
 16. (a) Informant's own signature Anna Reede
 (b) Address San Carlos, Arizona

MEDICAL CERTIFICATION
 20. DATE OF DEATH (Month, day and year) June 10, 19 41;
 TIME (Hour and minute) 3:30 p.m. M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Broncho-pneumonia.
 Due to Common cold
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

DURATION
<u>5 da.</u>
<u>10 da.</u>
PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial, Cremation or Removal Burial
 (b) Place San Carlos, Ariz. Date June 11, 1941
 18. (a) Embalmer's Signature None
 (b) Funeral Director -
 (c) Address -
 19. (a) August 2, 1941
 (Date Assigned Local Registrar)
 (b) Robert Perry Reed
 (Registrar's Signature)

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 Robert Perry Reed M. D.
 Address San Carlos, Ariz. Date signed Aug. 2, 1941