

1856

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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. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location \_\_\_\_\_ (St. & No. (or) Name of Institution)  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution No Hosp.; In Community Life 70 yrs.; In Arizona Life 70 yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos, Ariz.  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. No yrs.  
3. (a) FULL NAME Palmer Reed (b) If veteran No name war No (c) Social Security No. No  
(If NONE write the word)

4. Sex Male 5. Color or Race Apache 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife Anna Reed 6. (c) Age of husband or wife, if alive 49 yrs.  
7. Birthdate of deceased ? ? 1877  
(Month) (Day) (Year)  
8. AGE: Years 70 Months ? Days ? If less than one day hrs. 0 min. 0  
9. Birthplace Res. San Carlos, Arizona  
(City, town or county) (State or Country)  
10. Usual Occupation None  
11. Industry or Business None  
Father { 12. Name Unknown  
13. Birthplace Res. San Carlos, Arizona  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Unknown  
15. Birthplace Res. San Carlos, Arizona  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Burton G. Reed  
(b) Address San Carlos, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place San Carlos (c) Date Febr. 17 1942  
18. (a) Embalmer's Signature None  
(b) Funeral Director None  
(c) Address \_\_\_\_\_  
19. (a) March 7 1942  
(Date recorded local Registrar)  
(b) Robert Cunningham  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Febr. 17, 19 42;  
TIME (Hour and minute) 5:30 A.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 \_\_\_\_\_  
Pneumonia, Lobar  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Cunningham M.D.  
Address San Carlos, Arizona Date signed \_\_\_\_\_

DURATION  
3 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.