

627

100

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 San Carlos Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 days; In Community Life; In Arizona Life
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos
(If outside city limits also write RURAL)

(d) Street No. _____; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Marianna Reede (b) If veteran name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex Female 5. Color or Race Apache 4/4 6. (a) Single, married, widowed or divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased June 23 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 4 - - hrs. - - min. - -

9. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

12. Name Minton Reede

13. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

14. Maiden Name Ella Domela

15. Birthplace San Carlos Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Consus Book

(b) Address _____

17. (a) Burial, Cremation or Removal Burial

(b) Place San Carlos (c) Date 10-24-1942

18. (a) Embalmer's Signature _____

(b) Funeral Director _____

(c) Address _____

19. (a) 10-26-42
(Date received local Registrar)

(b) Joseph L. Sackler no.
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 23, 1942;
TIME (Hour and minute) 7:40 A. M.

21. I hereby certify that I attended the deceased from
October 21, 1942 to October 23, 1942
that I last saw her alive on October 23, 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to diarrhea

Due to undernourishment

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

DURATION

1 week

10 days

since birth

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 Joseph L. Sackler M. D.

Address San Carlos, Arizona Date signed 10-26-42

San Carlos Agency, San Carlos, Arizona
Enrolled