

1352

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **84**

Registrar's No. _____

1. Place of Death: (a) County **Gila** (b) City or Town **San Carlos** (c) Location **Hospital**
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution **1 day**; 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) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME **Howard Reede** (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex **Male** 5. Race **Negro** 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 **Nov. 27 1943**
(Month) (Day) (Year)

8. AGE: Years **0** Months **6** Days **5** 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 _____

Father { 12. Name **Minton Reede**
13. Birthplace **San Carlos, Arizona**
(City, town or county) (State or Country)

Mother { 14. Maiden Name **Ella Dosela**
15. Birthplace **San Carlos, Arizona**
(City, town or county) (State or Country)

16. (a) Informant's own signature **Ella Reede**
(b) Address **San Carlos, Arizona**

17. (a) Burial, ~~Cremation or Removal~~
(b) Place **San Carlos** (c) Date **June 3, 1944**

18. (a) Embalmer's Signature **None**
(b) Funeral Director **None**
(c) Address _____

19. (a) **June 2, 1944** (Date received Local Registrar)
(b) **[Signature]** (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **June 2, 1944**
TIME (Hour and minute) **4:00 P.**

21. I hereby certify that I attended the deceased from **June 1, 1944**
to **June 2, 1944**
that I last saw him alive on **June 2, 1944**

and that death occurred on the date and hour stated above.
Immediate cause of death **Inanition**

Diarrhea
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION **3 days**

2 wks.

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 **[Signature]** M. D.
Address **San Carlos, Ariz.** Date signed **6-2-44**