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MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SOCIAL SECURITY NO.**  
**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

State File No. **67**

1. PLACE OF DEATH  
County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City San Carlos

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred 62 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
2. FULL NAME Rex K. Reede  
(a) Residence: San Carlos, Arizona How long in State when death occurred 11 yrs. 0 mos. 0 ds.  
(Usual place of abode) \_\_\_\_\_ (If non-resident give city or town and state)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Apache 4/4 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of May Reede

6. DATE OF BIRTH (month, day, and year) 1883

7. AGE Years 62 Months -- Days -- If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Old San Carlos (State or Country) \_\_\_\_\_

MOTHER  
13. NAME \_\_\_\_\_  
14. BIRTHPLACE (city or town) Arizona (State or Country) \_\_\_\_\_  
15. MAIDEN NAME Susie Beaty  
16. BIRTHPLACE (city or town) Arizona (State or Country) \_\_\_\_\_

FATHER  
17. INFORMANT Anna Reede (Address) San Carlos, Arizona  
18. BURIAL, CREMATION, OR REMOVAL Place San Carlos, Arizona Date Nov. 17 1945

19. EMBALMER License No. None Signature \_\_\_\_\_  
FUNERAL DIRECTOR \_\_\_\_\_ Address \_\_\_\_\_

20. Filed Nov. 20, 1945 R. McCune, Jr., Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Nov. 15, 1945

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1945, to Nov. 13, 1945  
I last saw him alive on Nov. 15, 1945; death is said to have occurred on the date stated above, at 9:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of Onset 13 days

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. McCune, Jr. M. D.  
(Address) San Carlos, Arizona