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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.
Registrar's No. 116

1. Place of Death: (a) County Yuma (b) City or Town Yuma rural (If outside city limits also write RURAL) (c) Location Yuma Gen Hosp. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 12 days; In Community life 12 days (Specify whether years, months or days); In Arizona 12 days

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

(d) Street No. (in Yuma Gen. Hosp. since birth); (e) Citizen of foreign country (Yes or No) no If Yes, which country

3. (a) FULL NAME Billy Jack Reeves (b) If Veteran name war (c) Social Security No.

4. Sex: male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
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 July 6 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days 12 | If less than one day hrs. ___ min.

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

10. Usual Occupation child

11. Industry or Business none

Father
12. Name Samuel J. Reeves
13. Birthplace unknown Texas (City, town or county) (State or Country)

Mother
14. Maiden Name Myra Dell Vannoy
15. Birthplace unknown Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Samuel J. Reeves
(b) Address Rt. 2 Box 114 Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 7-20 1946

18. (a) Embalmer's Signature Robert E. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) July 20 1946 (Date received Local Registrar)
(b) Fred H. Wipperman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 18 1946, 19___;
TIME (Hour and minute) 10:30 p. M.

21. I hereby certify that I attended the deceased from July 15, 1946 to July 18, 1946; that I last saw him alive on July 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage — DURATION 6 hrs

Due to Prematurity - 7 mos. gestation — 12 days

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

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 Wm. A. Phillips M. D. Address Yuma, Ariz. Date signed 7/20/46

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