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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

State File No. 91

Registrar's No. 65

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

(d) Length of Stay: In Hospital or Institution 8 days; In Community 7 yrs.; In Arizona 7 yrs.  
(Specify whether years, months or days)

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

(d) Street No. 1016 Barkus Ave.; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Lillian A. Reed (b) If Veteran name war None (c) Social Security No. None

4. Sex Female 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife James F. Reed 6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased April 18 1888  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 2 hrs. 0 min. If less than one day

9. Birthplace Eldora Iowa  
(City, town or county) (State or Country)

10. Usual Occupation Domestic

11. Industry or Business None

Father { 12. Name Unknown  
13. Birthplace "  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown  
15. Birthplace "  
(City, town or county) (State or Country)

16. (a) Informant's own signature James F. Reed  
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinalen (c) Date Oct. 24 1946

18. (a) Embalmer's Signature J. H. Miles  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) Oct. 25, 1946  
(Date received local Registrar)  
(b) Stann D. Pongler  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 20 1946  
TIME (Hour and minute) 10:00 P. M.

21. I hereby certify that I attended the deceased from 10-13-46, 19 to 10-20-46, 19  
that I last saw her alive on 10/20, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-acute Abcess

Due to Postoperative infection

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION

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? Yes (e) Means of injury fall

23. Signature Stann D. Pongler M.D.  
Address Miami Date signed 10-24-46