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STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____

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 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) Citizen of foreign country (Yes or No) --

3. (a) FULL NAME REEDE, Glen Davis (b) If veteran name war --- (c) Social Security No. --

4. Sex Male 5. 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 Sept. 23, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hrs. 3 min. 5

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

10. Usual Occupation Infant

11. Industry or Business _____

12. Name Salton Leonard Reede

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

14. Maiden Name Victoria Hunter

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

16. (a) Informant's own signature Hosp. Record.

(b) Address San Carlos, Arizona

17. (a) Burial, ~~Cremation or Removal~~ Burial

(b) Place San Carlos (c) Date 9-24-47

18. (a) Embalmer's Signature None

(b) Funeral Director _____

(c) Address _____

19. (a) 9-24-47
(Date received Local Registrar)

(b) [Signature] M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 24, 1947
TIME (Hour and minute) 8:35 a. M.

21. I hereby certify that I attended the deceased from 23 Sept.
1947 to 24 Sept., 19 47.

that I last saw him alive on 24 Sept., 19 47.

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

Immediate cause of death Immaturity and lack of vital stamina

Due to Premature labor

Due to Excessive physical exertion

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

Major findings: Of operations None

Of autopsy None

DURATION
Life

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 9-24-47