

400099

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

5854

State File No. _____

Registrar's No. 109

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

(d) Length of Stay: In Hospital or Institution 60 minutes; In Community 4 yrs; In Arizona 4 yrs
(Specify whether years, months or days)

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

(d) Street No. 516 South Hill St. (e) Citizen of foreign country (Yes or No) NO
If Yes, which country: _____

3. (a) FULL NAME Margaret Estelle Reed (b) If veteran name was None (c) Social Security N412-10-0670

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

6. (b) Name of husband or wife James W. Reed 6. (c) Age of husband or wife, if alive 39 yrs.

7. Birthdate of deceased Sept. 28, 1919
(Month) (Day) (Year)

8. AGE: Years 29 Months 1 Days 6 If less than one day
hrs. ** min. **

9. Birthplace Model, Tennessee
(City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business housewife

12. Name Delbert Hicks

13. Birthplace unknown Kentucky
(City, town or county) (State or Country)

14. Maiden Name Nancy Hicks

15. Birthplace unknown Tenn.
(City, town or county) (State or Country)

16. (a) Informant's own signature James W. Reed (husband)

(b) Address 516 S. Hill St. Globe, Arizona

17. (a) Burial, Cremation or Removal burial

(b) Place Globe Cemetery (c) Date Nov 7, 1948

18. (a) Embalmer's Signature Frank B. Brady

(b) Funeral Director Frank B. Brady

(c) Address 328 S. Hill St. Globe, Ariz.

19. (a) Nov. 6-48
(Date received Local Registrar)

(b) James Havelle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 4, 1948
TIME (Hour and minute) 3:45 P.M. M.

21. I hereby certify that I attended the deceased from 4 Nov, 1948 to 4 Nov, 1948
that I last saw her alive on 4 Nov, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Explosive injury to brain & skull fractures
Due to Sunshot wound

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Suicide

(b) Date of occurrence 4 Nov. 48

(c) Where did injury occur? Globe Gila Arizona
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? _____ (e) Means of injury 22 rifle

23. Signature M. Wheeler M. D.
Address 207 E. Oak Date signed 5 Nov 48

DURATION

One hour

PHYSICIAN

Underline the cause to which death should be charged statistically