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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. 6410
Registrar's No. 201

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

(d) Length of Stay: In Hospital or Institution 16 days; In Community 53 years; In Arizona 53 years (Specify whether years, months or days)

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

(d) Street No.; (e) Citizen of foreign country (Yes or No) X; If Yes, which country

3. (a) FULL NAME Ulrich Rieder (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: Married

6. (b) Name of husband or wife: Mary E. Rieder

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased: October 12, 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 5 If less than one day hrs. min.

9. Birthplace: Unknown (City, town or county) Switzerland (State or Country)

10. Usual Occupation: Mail Carrier

11. Industry or Business:

Father
12. Name: Ulrich Rieder
13. Birthplace: Unknown (City, town or county) Switzerland (State or Country)

Mother
14. Maiden Name: Margarite Ruby
15. Birthplace: Unknown (City, town or county) Switzerland (State or Country)

16. (a) Informant's own signature: Co. Hospital Records
(b) Address: Douglas, (Rural), Arizona.

17. (a) Burial, Cremation or Removal: Removal
(b) Place: Paradise, Ariz. (c) Date: Dec. 19, 1948

18. (a) Embalmer's Signature: Gordon Brown
(b) Funeral Director: Brown-Page
(c) Address: Douglas, Arizona.

19. (a) Dec. 17- 1948 (Date received Local Registrar)
(b) E. W. Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): December 17, 1948;
TIME (Hour and minute): 2:00 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1948 to Dec 17, 1948; that I last saw him alive on Dec 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma (gastric)

Due to:

Due to:

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

Major findings: Of operations: Inoperable carcinoma

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? (e) Means of injury:

23. Signature: E. W. Adamson M. D.
Address: Douglas Ariz Date signed 12/17/48

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