

2162

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO.

1239

REGISTRAR'S NO.

BIRTH NO.

04 X
PLACE OF DEATH
AND
RESIDENCE
97
6

PRECEDENT
PERSONAL
DATA
126
0
319

CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY
DEATH
DUE TO
EXTERNAL
FORCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>San Carlos</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>San Carlos</u>	
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>life</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>At home on reservation</u>			
3. NAME OF DECEASED A. (FIRST) <u>Benjamin</u> B. (MIDDLE) <u>W.</u> C. (LAST) <u>Reede</u>			4. SEX <u>Male</u>
5. COLOR OR RACE <u>Indian</u>			
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Mar.</u> DAY <u>15</u> YEAR <u>1922</u>	
8. AGE YEARS <u>26</u> MONTHS <u>11</u> DAYS <u>20</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Cattleman</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Cattle</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes World War II</u>	
13. SOCIAL SECURITY NO. ---		14A. FATHER'S NAME <u>Burton C. Reede</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Ethel Yesterday</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		16. INFORMANT'S SIGNATURE <u>Burton C. Reede</u>	
ADDRESS <u>San Carlos, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>5</u> (YEAR) <u>1949</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Shot himself.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) <u>At home</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>San Carlos Gila Arizona</u>	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Mar. 5, 1949 6 P.M.</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Shot himself</u>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>R.V. Roome</u> M.D.		23B. ADDRESS <u>San Carlos, Arizona</u>	
23C. DATE SIGNED <u>3-7-49</u>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>3-9-49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>San Carlos</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Carlos, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>3-7-49</u>		25B. REGISTRAR'S SIGNATURE <u>R.V. Roome</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank B. Healy (sgd.)</u>		ADDRESS <u>328 S. Hill Street Globe, Arizona</u>	