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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2201

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1738

14 14 32 F DEATH 32 ND 9101 ESIDENCE 4

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Prescott
C. LENGTH OF STAY IN THIS PLACE: 5 mo. IN ARIZONA: 58 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pioneer Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Prescott
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Pioneer Home

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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) FULLERTON B. (MIDDLE) PAUL C. (LAST) REED
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Feb DAY 5 YEAR 1870
8. AGE: YEARS 79 MONTHS 2 DAYS 6
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Sheep herder
9B. KIND OF BUSINESS OR INDUSTRY: Sheep
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maine
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Freeman R. Reed
14B. BIRTHPLACE (STATE OR COUNTRY): Maine
15A. MOTHER'S MAIDEN NAME: Lizzy Blair
15B. BIRTHPLACE (STATE OR COUNTRY): Maine
16. INFORMANT'S SIGNATURE: Supt. Pioneer Home ADDRESS: Prescott, Ariz
17. DATE OF DEATH (MONTH) APRIL (DAY) 11 (YEAR) 1949

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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) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Abs myocarditis
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

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19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

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22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 1, 1948, TO 11 Apr, 1949, THAT I LAST SAW THE DECEASED ALIVE ON 6 Apr, 1949, AND THAT DEATH OCCURRED AT 7:45 M P FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): [signature] M.D.
23B. ADDRESS: Prescott Ariz
23C. DATE SIGNED: Apr. 16 1949

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24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: April 13, '49
24C. NAME OF CEMETERY OR CREMATORY: Pioneer Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
25A. DATE REC'D BY LOCAL REG.: April 18 1949
25B. REGISTRAR'S SIGNATURE: [signature]
26. FUNERAL DIRECTOR'S SIGNATURE: Lester Ruffner ADDRESS: Prescott, Ariz.

FORM VS 2 REV. 1-1-49