

BIRTH NO.

REGISTRAR'S NO. 116.

24 AGE OF DEATH	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>	
	B. LENGTH OF STAY IN THIS TOWN <u>32 Yrs</u> IN ARIZONA <u>34 Yrs</u>		C. CITY OR TOWN <u>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
15 AND 65 USUAL RESIDENCE	C. CITY OR TOWN <u>Globe</u>		D. STREET ADDRESS <u>Roosevelt Dam</u>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION <u>Roosevelt Dam</u>		E. SEX <u>Male</u>	
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>Bennett Reynolds</u>		5. COLOR OR RACE <u>White</u>	
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>bookkeeper</u>	
173	7. DATE OF BIRTH MONTH <u>June</u> DAY <u>20</u> YEAR <u>1880</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
	8. AGE (IN YEARS) (LAST BIRTHDAY) <u>73 Yrs</u>		13. SOCIAL SECURITY NO. <u>526-03-0049</u>	
73	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Rhode Island</u>		14. FATHER'S NAME <u>Unknown</u>	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A.		15A. MOTHER'S MAIDEN NAME <u>Elizabeth Unknown</u>	
X 53	16. INFORMANT'S SIGNATURE <u>Elizabeth Reynolds (Mrs Bennett)</u>		17. DATE OF DEATH <u>November 13 1953</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Coronary Thrombosis</u> <u>2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.</u> <u>3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.</u>		19B. MAJOR FINDINGS OF OPERATION <u>4 years</u>	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
DEATH DUE TO EXTERNAL VIOLENCE	21C. (CITY OR TOWN)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SECOND)	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR <u>Man fell 14-19-53</u>	
MEDICAL OR CORONER'S RTIFICATION	22. SIGNATURE OF CORONER <u>W. J. ...</u>		23. DATE SIGNED <u>11-14-53</u>	
	23A. SIGNATURE OF REGISTRAR <u>W. J. ...</u>		23B. ADDRESS (OFFICE OR TITLE) <u>157 Glabe Crig</u>	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>Nov. 16, 1953</u>	
	24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Crematory</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>	
17	25A. DATE REC'D BY LOCAL REG. <u>11-21-53</u>		26. EMERALD DIRECTOR'S SIGNATURE <u>W. J. ...</u>	
	25B. REGISTRAR'S SIGNATURE <u>Gene Maxwell</u>		27. EMBALMER'S SIGNATURE <u>W. J. ...</u>	
2	28. SIGNATURE OF REGISTRAR <u>Gene Maxwell</u>		29. CERT. NO. <u>2497</u>	
	30. SIGNATURE OF REGISTRAR <u>Gene Maxwell</u>		31. CERT. NO. <u>2497</u>	