

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4 PLACE OF DEATH AND RESIDENCE 0004	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN life IN ARIZONA life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila							
	C. CITY OR TOWN San Carlos		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN San Carlos <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS							
D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation										
DECEDENT PERSONAL DATA 318 754	3. NAME OF DECEASED (TYPE OR PRINT) Albert			A. (FIRST) Albert		B. (MIDDLE) Reede		C. (LAST) Reede		4. SEX Male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married
	6B. NAME OF SPOUSE none			7. DATE OF BIRTH MONTH July DAY 10 YEAR 1954		8. AGE (IN YEARS LAST BIRTHDAY) 0		9. IF UNDER 1 YEAR MONTHS 0 DAYS 18		10. IF UNDER 24 HRS. HOURS --- MIN. ---		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) none
9B. KIND OF BUSINESS OR INDUSTRY none		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none				
14A. FATHER'S NAME Minton Reede			14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Ella Dosela			15B. BIRTHPLACE (STATE OR COUNTRY) Arizona				
16. INFORMANT'S SIGNATURE From the records of San Carlos Hospital					ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 28 1954					
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 276X ‡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 CONDITION DIRECTLY LEADING TO DEATH: (A) Immaturity 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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH 18 days			
	OPERATIONS, AUTOPSY			19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 10 , 19 54 , TO July 28 , 19 54 , THAT I LAST SAW THE DECEASED ALIVE ON July 28 , 19 54 , AND THAT DEATH OCCURRED AT 6:15 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
	22A. SIGNATURE A. Anderson (DEGREE OR TITLE)						22B. ADDRESS San Carlos, Arizona			22C. DATE SIGNED 7-28-54		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)					
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?						
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE					24B. ADDRESS			24C. DATE SIGNED			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE July 28, 1954		25C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.				
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 8-4-54		26B. REGISTRAR'S SIGNATURE James Randall			27A. FUNERAL DIRECTOR'S SIGNATURE None (Buried by parents)			27B. ADDRESS ---			