

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3876

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE 0604	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Life 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 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) San Carlos Indian Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation			
DECEDENT PERSONAL DATA 317 0 754	3. NAME OF DECEASED (TYPE OR PRINT) Elaine Reede			4. SEX Female	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) never married		
	6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH DAY YEAR July 10 1954	8. AGE (IN YEARS LAST BIRTHDAY) 0	IF UNDER 1 YEAR MONTHS DAYS 0 17	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				17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 27 1954				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7-22 X		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Immaturity DUE TO (B) _____ DUE TO (C) _____				INTERVAL BETWEEN ONSET AND DEATH 17 days	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							
	PLACE DISEASE CONTRACTED.							
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 10 , 19 54 , TO July 27 , 19 54 , THAT I LAST SAW THE DECEASED ALIVE ON July 27 , 19 54 , AND THAT DEATH OCCURRED AT 11:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL CERTIFICATION	22A. SIGNATURE <i>[Signature]</i>			22B. ADDRESS San Carlos, Arizona		22C. DATE SIGNED 7-27-54		
	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 M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
DEATH DUE TO EXTERNAL VIOLENCE	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
FUNERAL DIRECTOR AND REGISTRAR	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.	
	26A. DATE REC. BY LOCAL REG. 8-4-54		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE None (Buried by parents)		27B. ADDRESS	