

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5561

CERTIFICATE OF DEATH

REGISTRAR'S NO.

211

04 27 AGE OF DEATH 19 AND 74 AGE RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>1 week</u> IN ARIZONA <u>1 life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>		
	C. CITY OR TOWN <u>Globe</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1239 South 26th st.</u>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>						
DECEDENT 3 PERSONAL DATA 174 0 054	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Charles Oscar</u> B. (MIDDLE) <u>Reidhead</u> C. (LAST) <u>Reidhead</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	
	6B. NAME OF SPOUSE <u>Margaret Reidhead</u>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>2</u> YEAR <u>1887</u>	B. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>	IF UNDER 1 YEAR MONTHS <u>1</u> DAYS <u>26</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>retired-cattelman</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>cattelman-mining</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Linden, 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>no *****</u>	13. SOCIAL SECURITY NO. <u>Unknown</u>		
14A. FATHER'S NAME <u>John Oscar Reidhead</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		15A. MOTHER'S MAIDEN NAME <u>Lucenda Buchanan</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
16. INFORMANT'S SIGNATURE <u>Rayon Hamrick</u>				ADDRESS <u>606 N. 7th St. Phoenix, Ariz.</u>		17. DATE OF DEATH MONTH () DAY () YEAR () <u>October 28, 1954 at 9:40 p.m.</u>	
CAUSE OF DEATH (ITEM 18) 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>372X</u> †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Anemia</u> DUE TO (B) <u>Chronic nephritis</u> DUE TO (C) <u>Arteriosclerosis Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>Unknown</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				
OPERATIONS, AUTOPSY						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 18</u> , 19 <u>54</u> , TO <u>Oct 28</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 28</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>9:40 p</u>						
	22A. SIGNATURE <u>William E. Protop</u>		22B. ADDRESS <u>Globe, Arizona</u>		22C. DATE SIGNED <u>10/29/54</u>		
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 type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Oct 31, 1954</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Showlow Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Showlow, Arizona.</u>	
FUNERAL DIRECTOR AND REGISTRAR 17 2	26A. DATE REC. BY LOCAL REG. <u>10-29-54</u>		26B. REGISTRAR'S SIGNATURE <u>Jesse W. ...</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse W. ...</u>	27B. ADDRESS <u>Globe, Arizona</u>	