DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Nevada State Department of Health

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

43-
State File No. 546

Registrar's No. 10

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County Pershing
(b) City or town Rural - Lovelock
(If outside city or town limits write RURAL)
(c) Name of hospital or institution: No
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 1 D
(Specify whether
In this community About 1-Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nevada (b) County Pershing
(c) City or town Rural - Lovelock
(If outside city or town limits write RURAL)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3(a) FULL NAME Walter Laura Reid
3(b) If veteran, name war No Record
3(c) Social Security No. 554-12-6936

4. Sex Male
5. Color or race White
6(a) Single, widowed, married, divorced Married
6(b) Name of ~~husband~~ or wife Jennie C. Reid
6(c) Age of ~~husband~~ or wife if alive No Record years
7. Birth date of deceased Nov. (Month) 22, (Day) 1882 (Year)

8. AGE: Years 60 | Months 5 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace — (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Ranch, Livestock
MOTHER FATHER
12. Name M. D. Reid
13. Birthplace No Record (City, town, or county) (State or foreign country)
14. Maiden name Nancy E Reid
15. Birthplace No Record (City, town, or county) (State or foreign country)
16(a) Informant Coronen: C. L. Young.
(b) Address Lovelock, Nev
17(a) Removal (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)
(c) place: burial or cremation Ogden, Utah
No Embalming
18(a) Signature of funeral director Eddy & Son
(b) Address Lovelock, Nevada
19(a) 4-29-43 (Date received local registrar) (b) J R Bell (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 29th
year 1943 hour No Record minute A.M.
21. I hereby certify that I attended the deceased from ——— , 19..., to ——— , 19...;
that I last saw h— alive on ——— , 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Suffocation	
Due to Smoke of Accidental Fire in Cabin Occupied by Deceased	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurence 4-29-43
(c) Where did injury occur? Lovelock (City or town) Pershing (County) Nevada (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)
While at work? No (e) Means of injury Coronen
23. Signature Clarence L Young (M. D. or other)
Address Lovelock, Nevada Date 4-29-43