

STANDARD CERTIFICATE OF DEATH

State File No. 73
Registrar's No. 152

14-08238 State of Oklahoma

1. PLACE OF DEATH:
(a) County Cleveland
(b) City or town Norman
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution
In this community two years (Specify whether years, month or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Adair
(c) City or town near Woodward
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3(a) FULL NAME Mr. Lillah Porter Reed
3 (b) If veteran, name war _____ 3 (c) Social Security No. _____

MEDICAL CERTIFICATION
20. Date of death: Month May day 11 - 1940
year 1940 hour 1:00 minute _____

4. Sex F. 5. Color or race W. 6(a) Single, widowed, married, divorced widow
6 (b) Name of husband or wife John Jeremiah Reed 6 (c) Age of husband or wife if alive deceased _____
7. Birth date of deceased June 1 1885

21. I hereby certify that I attended the deceased from 4-13-38 19____ to 5-6-40 19____; that I last saw her alive on 5-6-40 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Arterio Sclerotic Heart Disease
Due to General Arterio Sclerosis

9. Birthplace Alma, Ala
10. Usual occupation _____
11. Industry or business _____
12. Name A. A. Porter
13. Birthplace Norman
14. Maiden name Lillah Reed
15. Birthplace Alma, Ala

Due to 97
Other conditions Senility
Major findings: Of operations no Of autopsy no

16 (a) Informant's own signature J. Reed
(b) Address Norman, Okla
17 (a) Reverend (b) Date thereof 5-11-40
(c) Place: burial or cremation Wagonville, Okla

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18 (a) Signature of funeral director Colby & Hardie
(b) Address Wagonville, Okla
19 (a) 5-11-40 (b) Obetha Ginet

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (e) Means of injury no
23. Signature W. Ruffin (M. D. or other) _____
Address Norman, Okla Date signed 5-11-40

VOID IF ALTERED OR ERASED

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Thursday, October 06, 2016 10:40:31 AM

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED