1 PLACE OF DEATH

COUNTY OF ESMERALDA

TOWN OF Nivlon

or

CITY OF

(No. ..... St. ..... Ward)

NEVADA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DUPLICATE CERTIFICATE OF DEATH

State Index No. .....

LOCAL REGISTERED NO. 79

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2 Full Name Carl Reese Ridge

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (Write the word): Single

6 DATE OF BIRTH: Sept. (Month) 24 (Day) 1938 (Year)

7 AGE: 1 yrs. 2 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tonopah Nevada

PARENTS

10 NAME OF FATHER: Reese F. Ridge

11 BIRTHPLACE OF FATHER (State or country): Anadarko Oklahoma

12 MAIDEN NAME OF MOTHER: Aleen Rimington

13 BIRTHPLACE OF MOTHER (State or country): Delta Utah

13a LENGTH OF RESIDENCE
At place of Death ..... years, 2 months
In Nevada ..... years, 2 months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Reese F. Ridge
(Address) Nivlon Nevada

15 Filed Jan. 3, 1940
Filed ....., 19..
John F. Craig M.D. Registrar
Registrar or Deputy.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 28 (Day) 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12-28 1939 to 12-28 1939
that I last saw him alive on 12-28-39 4 P.M. 1939
and that death occurred on the date stated above at 4 P.M.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs., ... mos., ... ds.

Contributory (Secondary) .....

(Duration) ..... yrs., ... mos., ... ds.

(Signed) J.C. Cherry M. D.
Dec. 28. 1939 (Address) Tonopah Nevada

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL: Tonopah Nevada — DATE OF BURIAL: 12-30 1939

20 UNDERTAKER: Wm E Logan — ADDRESS: Tonopah Nevada