



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

99 010009

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

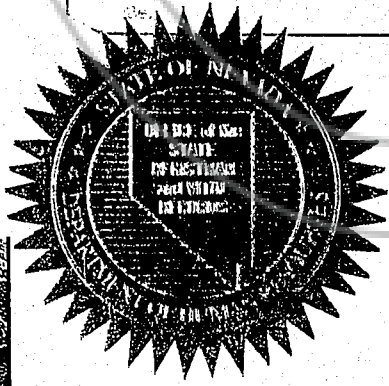
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last <b>Nora M. REID</b>			2. DATE OF DEATH (Month, Day, Year) <b>September 7, 1999</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
3b. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson Valley Medical Center</b>			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room 2</b>		
4. SEX <b>Female</b>		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. <b>74</b>	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>March 2, 1925</b>		9. UNDER 1 YEAR MOS : DAYS 7b. :		10. UNDER 1 DAY HOURS : MINS 7c. :		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>12</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Robert J. Reid</b>	
13. SOCIAL SECURITY NUMBER <b>6641</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) <b>Homemaker</b>		14b. 914 <b>Own Home</b>		11. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1380 Antares St.</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER—NAME First Middle Last		17. MOTHER—MAIDEN NAME First Middle Last			
18a. INFORMANT—NAME (Type or Print) <b>Robert J. Reid</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P. O. Box 1170, Gardnerville, Nevada 89410</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City, Nevada</b>			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James P. Hill</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410</b>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Clinton Purvance</i>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>Clinton Purvance</i>				
21b. DATE SIGNED (Mo., Day, Yr.) <b>9-8-99</b>		21c. HOUR OF DEATH <b>0825</b>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. PRONOUNCED DEAD (Hour)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>Clinton Purvance, M.D., 1107 Hwy 395, Gardnerville, Nevada</b>			22f. LICENSE NUMBER <b>9054</b>				
24a. REGISTRAR (Signature) <i>Vera R. Kuchamp</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Sept. 9, 1999</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I (a) <b>CARDIOPULMONARY ARREST</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			



STATE REGISTRAR

No. 150709

This is to certify that the above is a true and correct copy of the certificate on file in this office.

*Yvonne Sylva*

Date Issued: OCT 18 2000 0502192

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1000PG5241

COPY

REQUESTED BY  
**STEWART TITLE of DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 OCT 26 PM 4: 04

LINDA SLATER  
RECORDER

\$ 9.00 PAID KR DEPUTY

0502192

BK 1000PG5242