

624

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County Apache State Arizona
City St. Johns
2. FULL NAME George Edwin Waite
Length of residence in city or town where death occurred 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
6. DATE OF BIRTH (month, day and year) Sept 11 1876
7. AGE Years Months Days 54 yrs 4 5
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Printer
9. BIRTHPLACE (city or town) Salt Lake City Utah
10. NAME OF FATHER Solomon Waite
11. BIRTHPLACE OF FATHER England
12. MAIDEN NAME OF MOTHER Catherine Kilpack
13. BIRTHPLACE OF MOTHER England

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH January 16th 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931 to Jan 16, 1931
The CAUSE OF DEATH* was as follows: Carcinoma of stomach with metastasis
CONTRIBUTORY Bronchopneumonia
18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug 20 1930
What test confirmed diagnosis? Biopsy
(Signed) Kenneth A. Helst, M. D.
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

14. Informant John W. Waite
15. Filled Jan 16, 1931 J.R. Rimini Registrar

19. PLACE OF BURIAL, CREMATION OR REMOVAL L.O.S. Cemetery
20. UNDERTAKER H.C. Overson
DATE OF BURIAL Jan 17, 1931
ADDRESS St. Johns Ariz

MARGIN RESERVED FOR FILING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.