2523

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 202
Registrar's No. 5[illegible]

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Ariz Cart (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 8 hrs. (Specify whether years, months or days) ; In Arizona 17 months

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Apache ; (c) City or Town Saint Johns, Ariz (If outside city limits also write RURAL)

(d) Street No. ; (e) If foreign born, in U. S. A. Life yrs.

3. (a) FULL NAME Valina Waite (b) If veteran name war (c) Social Security No. (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Female	Caue	Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Sept (Month) 23 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
1	5		hrs. min.

9. Birthplace Saint Johns. (City, town or county) Arizona (State or Country)

10. Usual Occupation none

11. Industry or Business

Father
12. Name Everett Leroy Waite
13. Birthplace Saint Johns, (City, town or county) Arizona (State or Country)

Mother
14. Maiden Name Valeria Biglow
15. Birthplace Jerome (City, town or county) Arizona (State or Country)

16. (a) Informant's own signature Mrs Waite
(b) Address St John Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Saint John (c) Date 3/14 19 42

18. (a) Embalmer's Signature
(b) Funeral Director Family
(c) Address

19. (a) APR 10 1942 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

5M 1-00% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3/13, 19 42;
TIME (Hour and minute) 2 P. M.

21. I hereby certify that I attended the deceased from 3-12-42 to , 19 to 3-13, 19 42;
that I last saw her alive on 3-12, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death Bean lodged in trachea obstructing the air passages.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
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)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Mayo Robb M. D.
Address 709 Professional Date signed 4-8-42
of Dr. Phoenix Ariz.