

1557

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 275
Registrar's No. 1963

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Arizona State Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 11 yrs 1 mo. 6 da Community 11 yrs 1 mo. 6 da in Arizona 51 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. Box 525; (e) Citizen of foreign country (Yes or No) No
3. (a) FULL NAME Joseph Hastings (b) If Veteran name was No (c) Social Security No. None

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced divorced
6. (b) Name of husband or wife Amanda Kempe 6. (c) Age of husband or wife, if alive... yrs.
7. Birthdate of deceased May 21 1869
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
76 4 6 hrs. min.
9. Birthplace Utah
(City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business
Father { 12. Name William Hastings
13. Birthplace England
(City, town or county) (State or Country)
Mother { 14. Maiden Name Sarah Smith
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Arizona State Hospital
(b) Address Phoenix, Arizona Records
17. (a) Burial, Cremation or Removal removal
(b) Place Mesa, Ariz. (c) Date 10-1-45
18. (a) Embalmer's Signature P. M. Daybell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) OCT 4 1945
(Date received Local Registrar)
(b) Carl J. Kelly
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) September 27, 1945
TIME (Hour and minute) 5:40 P. M.

21. I hereby certify that I attended the deceased from September 21, 1945 to September 27, 1945
that I last saw him alive on September 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Due to
Due to
Other conditions Inanition, Mentally ill
(Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION
1 week
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 John J. Terrall M. D.
Address Phoenix Arizona Date signed 9-28-45