

2311

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2072
Registrar's No. 14

1. Place of Death: (a) County GILA (b) City or Town BECKER BUTTE (RURAL) (c) Location 1 MILE SOUTH
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution NONE; In Community NONE; In Arizona 35 YEARS
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State ARIZONA; (b) County MARICOPA (c) City or Town PHOENIX
(If outside city limits also write RURAL)
(d) Street No. 872 E. WINDSOR AVE; (e) Citizen of foreign country (Yes or No) NO
3. (a) FULL NAME EVERETT M. ROSS (b) If veteran name war W. W. I (c) Social Security No. 111-11-1111

4. Sex M 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced MARRIED
6. (b) Name of husband or wife CATHERINE ANN ROSS 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased JANUARY 25, 1913
(Month) (Day) (Year)
8. AGE: Years 35 Months 2 Days 10 hrs. _____ min. _____
9. Birthplace BISBEE, ARIZONA
(City, town or county) (State or Country)
10. Usual Occupation ATTORNEY
11. Industry or Business LAW
Father { 12. Name JOHN MASON ROSS
13. Birthplace INDIANAPOLIS, INDIANA
(City, town or county) (State or Country)
Mother { 14. Maiden Name MABEL LANDERS
15. Birthplace SAN FRANCISCO, CALIFORNIA
(City, town or county) (State or Country)
16. (a) Informant's own signature CATHERINE ANN ROSS (WIFE)
(b) Address 872 E. WINDSOR, AVE. PHOENIX, ARIZONA

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) APRIL 5, 1948, 19____;
TIME (Hour and minute) 9:00 AM M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Due to auto while accident
Due to _____
Other conditions (Include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PHYSICIAN
Underline the cause to which death should be charged statistically

17. (a) Burial, Cremation or Removal CREMATION
(b) Place GREENWOOD, PHOENIX (c) Date APRIL 7, 1948
18. (a) Embalmer's Signature Robert W. Tracy 282
(b) Funeral Director A. L. MOORE & SONS
(c) Address 333 W. ADAMS, PHOENIX, ARIZONA
19. (a) April 5-48
(Date received Local Registrar)
(b) Dr. W. H. Wauson
(Registrar's Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence April 5, 1948
(c) Where did injury occur? 1 mile So. of Becker Butte, Gila Co., Arizona
(City or Town) (County) (State)
(d) Did injury occur in, or about home, on farm, in industrial place, in public place? Public Highway
(Specify type of place)
While at work? yes (e) Means of injury Automobile accident
23. Signature Robert W. Tracy Coroner
Address 1111 E. WINDSOR, PHOENIX Date signed 4-5-48