301

2783

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No.
Registrar's No. 1609

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location ST. JOE. HOSP. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 HOURS; In Community 18 YEARS; In Arizona 18 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. 1623 E. APACHE; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME FERRIS HERMAN WAITE (b) If Veteran name war No (c) Social Security No.

4. Sex M
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife, if alive ..... yrs.
7. Birthdate of deceased OCTOBER 15, 1929 (Month) (Day) (Year)
8. AGE: Years 18 Months 6 Days 39 If less than one day hrs. ..... min.
9. Birthplace WINSLOW, ARIZONA (City, town or county) (State or Country)
10. Usual Occupation DRIVER + OILER
11. Industry or Business ARIZONA SAND & ROCK CO.

Father
12. Name JOHN DEE WAITE
13. Birthplace NEW MEXICO (City, town or county) (State or Country)

Mother
14. Maiden Name MARION BLANCHE JOLLEY
15. Birthplace ST. JOHNS, ARIZONA (City, town or county) (State or Country)

16. (a) Informant's own signature DEE WAITE (FATHER)
(b) Address 1623 E. APACHE, PHOENIX, ARIZ

17. (a) Burial, Cremation or Removal REMOVAL
(b) Place ST. JOHNS, ARIZONA (c) Date MAY 9 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) MAY 10 1948 (Date received Local Registrar)
(b) M. Ken Dyrdy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) MAY 8, 1948, 19 ....;
TIME (Hour and minute) 12:10 PM M.

21. I hereby certify that I attended the deceased from May 8, 1948 to May 8, 1948; that I last saw him alive on May 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Chest

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations none

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) Tractor backed over body
(b) Date of occurrence May 8 1948
(c) Where did injury occur? Phoenix (City or Town) Maricopa (County) Ariz. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? yes (e) Means of injury Tractor accident

23. Signature Thomas W. Woodman M. D.
Address 800 N. 1 Ave Phoenix, Ariz. Date signed May 8, 48

40M—100% Rag—6-45