4564

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

State File No. 252
Registrar's No. 1428

**STANDARD CERTIFICATE OF DEATH**
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Schmidt's Haven of Rest (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 8 Months; In Community 2 Years; in Arizona 2 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. 22 E. Madison; (e) Citizen of foreign country (yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Wayne R. Whitlock (b) If Veteran name war ____ (c) Social Security No. ____

| 4. Sex | 5. Color or Race | 6. (a) Single, married, widowed or divorced |
|---|---|---|
| Male | White | |

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

7. Birthdate of deceased July 20 (Month) (Day) 1881 (Year)

8. AGE: Years 63 Months 1 Days 37 If less than one day hrs. ____ min. ____

9. Birthplace Portland (City, town or county) Oregon (State or Country)

10. Usual Occupation Not Known

11. Industry or Business ____

Father
12. Name Not Known
13. Birthplace ____ (City, town or county) (State or Country)

Mother
14. Maiden Name Not Known
15. Birthplace ____ (City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Records
(b) Address ____

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date Sept. 20 1943

18. (a) Embalmer's Signature Henry T. Forman
(b) Funeral Director Henry T. Forman
(c) Address Arizona Funeral Home

19. (a) ____ (Date received local Registrar) SEP 3 3 1943
(b) Cory S. Hughes (Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. ____ Date Received ____

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 16, 1943;
TIME (Hour and minute) 11.28 A. M.

21. I hereby certify that I attended the deceased from Aug 30, 1943 to Aug 30, 1943 that I last saw him alive on Aug. 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis with chronic myocardial degeneration

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

DURATION
I do not know

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 E. C. Wells M. D.
Address 710 Professional Bldg. Date signed 9-23-43