

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
 County of Maricopa
 District of _____
 Town of Phoenix
 or _____
 City of _____

722
 Ter. Index No. 98
 County Registered No. 29

56

(If death occurs away from USUAL (No. _____ St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Estasis Alberto

PERSONAL AND STATISTICAL PARTICULARS	
LENGTH OF RESIDENCE	
At Place of Death	<u>14</u> yrs. _____ mos.
In Arizona	<u>14</u> yrs. _____ mos.
SEX	<u>Male</u>
COLOR OR RACE	White _____ Chinese _____ Black _____ Indian _____ Mexican _____
DATE OF BIRTH	<u>4</u> _____ 19____ (month) (day) (year)
AGE	<u>43</u> years _____ months _____ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Married</u>
BIRTHPLACE	(State or foreign country) <u>Mexico</u>
OCCUPATION	<u>Wood packer</u>
NAME OF FATHER	<u>X</u>
BIRTHPLACE OF FATHER	(State or foreign country) <u>X</u>
MAIDEN NAME OF MOTHER	<u>X</u>
BIRTHPLACE OF MOTHER	(State or foreign country) <u>X</u>

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	<u>March 3rd</u> 19 <u>11</u> (month) (day) (year)
I hereby certify, That I attended deceased from <u>March 3rd</u> 19 <u>11</u> to <u>March 3rd</u> 19 <u>11</u>	
that I last saw him alive on <u>March 2nd</u> 19 <u>11</u>	
and that death occurred on the date stated above at <u>2:30 P.M.</u>	
The DISEASE or INJURY causing DEATH was as follows: <u>Cerebrum Lesions</u>	
Where contracted	<u>Phoenix</u> Duration <u>16 days</u>
Contributing cause (if any)	_____
Where contracted	_____ Duration _____
(Signed) _____ M.D.	_____
19____ Address <u>Phoenix, Ariz.</u>	_____
SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
Former or Usual residence	How long at _____ Place of Death _____ Days
Place of burial or removal	Date of burial or removal _____ 19____
Undertaker	Address _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 Informant) _____
 (Address) _____

Filed _____ 19____
 Filed 3/7 1911 Lawrence Registrar

If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.