

IF ANY ITEM CAN NOT BE OBTAINED IN FULL TERMS, IT MAY BE PROPERLY CLASSIFIED AS "UNKNOWN". MAKE EVERY EFFORT POSSIBLE TO SECURE THIS INFORMATION. IF ANY ITEM CAN NOT BE OBTAINED INSERT THE WORD "UNKNOWN". MAKE EVERY EFFORT POSSIBLE TO SECURE THIS INFORMATION. IF ANY ITEM CAN NOT BE OBTAINED INSERT THE WORD "UNKNOWN". MAKE EVERY EFFORT POSSIBLE TO SECURE THIS INFORMATION.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 276

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX JUN 10 1910

PLACE OF DEATH
County of Yuma
District of Wenden
Town of Wenden
or
City of _____

Ter. Index No. 023
County Registered No. 105

(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.)
RESIDENCE, give facts called for under "Special information.")
FULL NAME Artestido Olivas

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
At Place of Death 1 yrs 3 mos.
In Arizona 1 yrs 3 mos.

SEX male COLOR OR RACE White Chinese
Black Indian
Mexican

DATE OF BIRTH March Feb. 25 1909
(month) (day) (year)

AGE 1 years 3 months 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or foreign country) Wenden az

OCCUPATION _____

NAME OF FATHER Andres Olivas

BIRTHPLACE OF FATHER (State or foreign country) royales az

MAIDEN NAME OF MOTHER Julia Garcia

BIRTHPLACE OF MOTHER (State or foreign county) Yuma az

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) Andres Olivas
(Address) Wenden A.T.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1910
(month) (day) (year)

I hereby certify, That I attended deceased from _____ 19__ to _____ 19__

that I last saw h. alive on May 24 1910

and that death occurred on the date stated above at 4 P.M

The DISEASE or INJURY causing DEATH was as follows;
Fever

Where contracted Wenden Duration 3 days

Contributing cause(if any) _____

Where contracted _____ Duration _____

(Signed) Daniel Bulling
7/26/10 Address Wenden A.T.

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 Wenden Date of burial or removal May 26 1910

Undertaker Family Address Wenden

Filed May 26 1910 Daniel Bulling
Local Registrar

Filed 5/21 1910 E. B. Retten