9965

W... PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT R... ORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Yavapai

District Prescott

Town Or City Prescott

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

614

State Index No. ~~303~~

County Registered No. 200

Local Registrar's No.

No. 335 So. Cortez St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Mrs. Margaret A. Ballenger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ ~~MARRIED~~ WIDOWED or ~~DIVORCED~~

DATE OF BIRTH: July 8, 1844. (Month) (Day) 191 (Year)

AGE: 72 yrs. 3 mos. 19 days | If less than 1 day hrs., or min.

OCCUPATION
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): Ohio

PARENTS

NAME OF FATHER: Andrew Thomas

BIRTHPLACE OF FATHER (State or Country): Ireland

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or Country): " "

The Above Is True to the Best of My Knowledge

(Informant) Mrs. S. E. Loy,

(Address) Prescott, Arizona.

PLACE OF BURIAL OR REMOVAL: Mt. View Cemetery

DATE OF BURIAL OR REMOVAL: Oct. 28, 1916.

UNDERTAKER: Lester Ruffner

ADDRESS: Prescott, Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 27, 1916. (Month) (Day) 191 (Year)

I hereby certify, that I attended deceased from 191 to 191; that I last saw h alive on 191, and that death occurred on the date stated above at 1 A.M. The DISEASE or INJURY causing Death was as follows: Asthma Heart dilitation & Bronchitis congestion

Was dead when I arrived

(Duration) 8 yrs. mos. days

Was disease contracted in Arizona? Yes

If not, where?

CONTRIBUTORY

(Duration) yrs. mos. days

(Signed) W. L. Linn

Oct. 28, 1916 (Address) Prescott, Ariz.

*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE

At place of death 21 yrs. mos. ds. In Arizona 27 yrs. mos. ds.

Former or Usual Residence

Filed Harry F. Southworth Local Registrar

Filed 11/22 191 John H. Lewis County Registrar