8011

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 823
County Registered No. 5781
Local Registrar's No. 617

PLACE OF DEATH

County Maricopa
District No 3
Town Or City Mesa

No. ..... St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Ross Leland Hostetter

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
Color or Race: White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~
SINGLE ~~MARRIED~~ ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: July (Month) 10 (Day) 1916 (Year)

AGE: 12 yrs. 4 mos. 13 days
If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country): Sanford Co Colorado

PARENTS
NAME OF FATHER: Chester Hostetter
BIRTHPLACE OF FATHER (State or country): Jackson Co. Wisconsin
MAIDEN NAME OF MOTHER: Emma A. Morterson
BIRTHPLACE OF MOTHER (State or country): Ivon Co. Utah

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chester Hostetter
(Address)

PLACE OF BURIAL OR REMOVAL: [illegible]
DATE OF BURIAL OR REMOVAL: Nov 26th 1918
UNDERTAKER: W A Burton & Sons
ADDRESS: Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 25 (Day) 1918 (Year)

I hereby certify, that I attended deceased from Nov 16 1918 to Nov 24 1918; that I last saw him alive on Nov 24 1918, and that death occurred on the date stated above at 1 30 A.M. The DISEASE or INJURY causing death was as follows: Pneumonia & Influenza

(Duration) ..... yrs. ..... mos. ..... days 10

Was disease contracted in Arizona?
If not, where?
CONTRIBUTORY
(Duration) ..... yrs. ..... mos. ..... days

(Signed) [illegible] M.D.
Nov 25 1918 (Address) Mesa Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE
At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.
Former or Usual Residence

Filed 11/26 1918 J. E. Drane Local Registrar
Filed 12/24 1918 A. B. [illegible] County Registrar