3109

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - No. 193
County Registered No. 7444
Local Registrar's No. 8743

PLACE OF DEATH
County Maricopa
District
Town
Or City Phoenix

ORIGINAL CERTIFICATE OF DEATH

No. 336 E Grant St St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
FULL NAME Artura Ballesteros

PERSONAL AND STATISTICAL PARTICULARS		
SEX: Male	Color or Race: White, Indian, Black, Chinese, Mexican	SINGLE, MRRIED, WIDOWED or DIVORCED
DATE OF BIRTH ..... 19.... (Month) (Day) (Year)		
AGE 11 yrs. ..... mos. ..... days	If less than 1 day ..... hrs., or ..... min.	
OCCUPATION (a) Trade, profession or particular kind of work: School Boy (b) General nature of industry, business, or establishment in which employed or (employer)		
BIRTHPLACE (State or country): Arizona		
PARENTS: NAME OF FATHER: Valentin Ballesteros		
BIRTHPLACE OF FATHER (State or country): Mexico		
MAIDEN NAME OF MOTHER: Jesus Daramo		
BIRTHPLACE OF MOTHER (State or country): Mexico		

The Above is True to the Best of My Knowledge
(Informant) Valentin Ballesteros
(Address) 336 E Grant St

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL
Forest Lawn Cem	Oct 27 1919
UNDERTAKER: Moore M Fellon	ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25, 1919 (Month) (Day) (Year)

I hereby certify that I attended deceased from Oct 23 1919 to Oct 25 1919; that I last saw him alive on Oct 25 1919, and that death occurred on the date stated above at 6 P.M. The DISEASE or INJURY causing death was as follows: Burns over large part of body

(Duration) ..... yrs. ..... mos. ..... days 2

Was disease contracted in Arizona? yes

If not, where?

CONTRIBUTORY

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

(Signed) [illegible]

Oct 27 1919 (Address) Phoenix 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 5 yrs. ..... mos. ..... ds. In Ariz. 11 yrs. ..... mos. ..... ds.

Former or Usual Residence Phoenix Ariz

Filed 11-3-19 [illegible]
Local Registrar.

Filed H. R. [illegible]
..... 19.....
County Registrar.

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.