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MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise  
District Douglas  
Town or City Douglas

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF DEATH

State Index - No. 25  
County Registrar's - No. 399  
Local Registrar's - No. \_\_\_\_\_

2. FULL NAME Mrs Mary G Ballentine  
(If death occurred in a hospital or institution, give its NAME instead of street number)  
(a) Residence. No. 1010-10 St.  
(Usual place of abode) St., Ward.  
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-  
OWED or DIVORCED Widow  
(Write the word)  
5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
6. DATE OF BIRTH (month, day and year)  
7. AGE Years Months Days IF LESS than  
72 1 day hrs. |  
or min.  
8. OCCUPATION OF DECEASED Retired  
(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry,  
business or establishment in  
which employed (or employer)  
(c) Name of employer  
9. BIRTHPLACE (city or town)  
(State or country) Ohio  
10. NAME OF FATHER Wm Johnson  
11. BIRTHPLACE OF FATHER (city or town)  
(State or country) Ohio  
12. MAIDEN NAME OF MOTHER McDonnell  
13. BIRTHPLACE OF MOTHER (city or town)  
(State or country) Scotland

PARENTS

14. Informant The Registrar  
(Address) Douglas  
15. Filed 7/17, 1923 P. B. Hurler  
Local Registrar.  
Filed Aug 9, 1923 P. B. Hurler  
County Registrar.  
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7/10/23  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on 7/10/23  
and that death occurred, on the date stated above, at 10 PM.  
The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage  
(duration) yrs. mos. ds. 12  
Arteriosclerosis  
CONTRIBUTORY (Secondary)  
(duration) yrs. mos. ds.  
18. Where was disease contracted  
not at place of death?  
Did an operation precede death? Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) M. D.  
7/15/23 19\_\_\_\_ (Address) \_\_\_\_\_

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Douglas DATE OF BURIAL 10/4/23 19\_\_\_\_  
20. UNDERTAKER Ed Porter ADDRESS Douglas