

9511

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 149
County Registrar's - No. _____
Local Registrar's - No. 147

PLACE OF DEATH

1. County Yuma
District Safford
Town or City Salmonville

2. FULL NAME Felix Ballesteros
(If death occurred in a hospital or institution, give its NAME instead of street number)
(a) Residence. No. Salmonville St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE W. H. 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widowed
(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 1 day hrs. or min.
60

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salern.
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) New Mex. (State or country)

10. NAME OF FATHER Nicholas Ballesteros

11. BIRTHPLACE OF FATHER Old Mex. (city or town)

12. MAIDEN NAME OF MOTHER Supper

13. BIRTHPLACE OF MOTHER Old Mex. (city or town)

14. Informant (Address) Manuel Ballesteros
Salmonville Ar.

15. Filed Feb 9 1929 J. N. Stratton Local Registrar.
V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 1-8-1929

17. I HEREBY CERTIFY, That I attended deceased from 1-8-1929 to 1-8-1929 that I last saw him alive on 1-8-1929 and that death occurred, on the date stated above, at 8:15 P. M. The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia

CONTRIBUTORY (secondary) Infected (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____ (Signed J. N. Stratton M. D. 1-9-1929 (Address) Safford)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Salmonville DATE OF BURIAL Jan 10 1928

20. UNDERTAKER Manuel Ballesteros ADDRESS Salmonville

MARGIN RESERVED FOR BINDING
N. B.—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.