72

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. —
Registrar's No. 72

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location Douglas Hospital (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 Days; In Community 13 Years (Specify whether years, months or days); in Arizona 13 Years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Cochise; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. 945-8th Street; (e) Citizen of foreign country (yes or No) ____ If Yes, which country ____

3. (a) FULL NAME Aubrey A Ballew (b) If Veteran name war ____ Social Security No. None (If NONE write the word)

4. Sex Male | 5. Color or Race White | 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Stella H Ballew | 6. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased 4 (Month) 24 (Day) 1874 (Year)

8. AGE: Years 68 | Months - | Days 1 | If less than one day hrs. ____ min. ____

9. Birthplace Hale (City, town or county) Missouri (State or Country)

10. Usual Occupation Real Estate & Insurance

11. Industry or Business ____

Father
12. Name Thomas Ballew
13. Birthplace ____ (City, town or county) Unknown (State or Country)

Mother
14. Maiden Name Sarah Sylvey
15. Birthplace Livingston, Missouri (City, town or county) (State or Country)

16. (a) Informant's own signature Stella H Ballew
(b) Address Douglas, Ariz (945-8th St)

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas, Ariz (c) Date 4-28th 1942

18. (a) Embalmer's Signature [signature] 238-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona

19. (a) April 28-42 (Date received local Registrar)
(b) [signature] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4-25-42, 19__;
TIME (Hour and minute) 10-00PM M.

21. I hereby certify that I attended the deceased from Apr 18, 1942 to Apr 25, 1942 that I last saw him alive on Apr 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac D. P. Tab

Due to Cardiac Asthma

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

DURATION
20 years
20 years

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [signature] M. D.
Address Douglas, Arizona, 4-27-42 Date signed ____