STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 203
Registrar's No. 884

1. Place of Death: (a) County MARICOPA (b) City or Town PHOENIX (If outside city limits also write RURAL) (c) Location 2318 E. FILLMORE (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 18 years (Specify whether years, months or days) ; In Arizona 60 yrs.

2. Usual Residence of Deceased: (a) State ARIZONA ; (b) County MARICOPA ; (c) City or Town PHOENIX (If outside city limits also write RURAL)

(d) Street No. 2709 E. WILLETTA ; (e) Citizen of foreign country (Yes or No) NO If Yes, which country

3. (a) FULL NAME ELLEN BALLARD (b) If Veteran name war (c) Social Security No. NONE

4. Sex: FEMALE

5. Race: White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: WIDOWED

6. (b) Name of husband or wife: JOSEPH W. BALLARD

6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased MAY (Month) 11 (Day) 1944 (Year)

8. AGE: Years 85 | Months | Days | If less than one day hrs. ... min.

9. Birthplace LEMINGTON (City, town or county) ENGLAND (State or Country)

10. Usual Occupation AT HOME

11. Industry or Business

Father
12. Name FREDRIC S. JUDD
13. Birthplace (City, town or county) ENGLAND (State or Country)

Mother
14. Maiden Name EMMLI (UNKNOWN)
15. Birthplace (City, town or county) ENGLAND (State or Country)

16. (a) Informant's own signature MRS. W. C. STACEY
(b) Address 2709 E. WILLETTA

17. (a) Burial, Cremation or Removal BURIAL
(b) Place MESA CEM. (c) Date 5-14-1944

18. (a) Embalmer's Signature L M Mortensen
(b) Funeral Director MORTENSEN-KINGSLEY
(c) Address 1020 W. WASHINGTON

19. (a) May 20-1944 (Date received Local Registrar)
(b) Carl J. Hughes (Registrar's Signature)

16 30M—100% Rag—5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) MAY 11, 1944;
TIME (Hour and minute) 6:30 A.M. M.

21. I hereby certify that I attended the deceased from ..., 19... to May 10th, 1944; that I last saw her alive on May 10th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death heart failure

Due to old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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 Lawrence Anderman M. D.
Address 704 Luhrs Bldg. Date signed May 17, 1944