

9389

Form 3 8-09-5m.

# Arizona Territorial Board of Health

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH

Ter. Index No. 452

County Registered No. 38

PLACE OF DEATH

County of Yuma

District of Pecos

Town of "

or

City of "

(If death occurs away from usual residence, give facts called for under "Special information.")

ARIZONA TERRITORIAL  
BOARD OF HEALTH  
BUREAU OF VITAL  
STATISTICS  
RECEIVED AT PHOENIX  
DEC 13 1909

710

St. \_\_\_\_\_ Ward. \_\_\_\_\_ (If death occurred in a Hospital or Institution, give its name instead of street and number.)

FULL NAME Ramoncito Escalante

**PERSONAL AND STATISTICAL PARTICULARS**

LENGTH OF RESIDENCE

At Place of Death 3 yrs 3 mos.

In Arizona 3 yrs 8 mos.

SEX Male

COLOR OR RACE  White  Black  Chinese  Indian  Mexican

DATE OF BIRTH March 3 1906

(month) (day) (year)

AGE 3 years 7 months 23 days

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Nov 13 1909

(month) (day) (year)

I hereby certify, That I attended deceased from Nov. 2nd 1909 to Nov. 12th 1909

that I last saw him alive on Nov. 12th 1909

and that death occurred on the date stated above at \_\_\_\_\_ M.

The DISEASE or INJURY causing DEATH was as follows;  
Pulmonary Tuberculosis

Incorrect certificates will be returned for correction.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or foreign country) Tucson Ar

OCCUPATION \_\_\_\_\_

NAME OF FATHER Juan Escalante

BIRTHPLACE OF FATHER (State or foreign country) Tampico Mexico

MAIDEN NAME OF MOTHER Matasio Martinez

BIRTHPLACE OF MOTHER (State or foreign county) Tucson Ar

Where contracted Bouse Duration 3 months

Contributing cause (if any) \_\_\_\_\_

Where contracted \_\_\_\_\_ Duration \_\_\_\_\_

(Signed) F. H. Cushman M.D.

19\_\_\_\_ Address Bouse Ariz

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Matasio Escalante

(Address) Bouse Ariz

**SPECIAL INFORMATION** only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence \_\_\_\_\_ How long at Place of Death \_\_\_\_\_ Days

Place of burial or removal Bouse Date of burial or removal Nov 13 1909

Undertaker \_\_\_\_\_ Address \_\_\_\_\_

Filed 11/15 1909 E. H. Kitcherside Local Registrar.

Filed Nov 17 1909 E. H. Kitcherside County Registrar.