ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4633

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 108

02 OF DEATH AND 11 RESIDENCE 0303

1. PLACE OF DEATH
A. COUNTY Cochise
B. LENGTH OF STAY: IN THIS TOWN 55 yrs; IN ARIZONA 55 yrs
C. CITY OR TOWN Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Ariz. — COUNTY Cochise
C. CITY OR TOWN Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS 1206 20th St (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) Jay C. (LAST) Kelley
4. SEX male
5. COLOR OR RACE white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married

CEDENT RSONAL DATA 170

6B. NAME OF SPOUSE Josie
7. DATE OF BIRTH: MONTH Feb DAY 11 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY) 70 — IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Highway employee
9B. KIND OF BUSINESS OR INDUSTRY Ariz. State
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 527-07-1953
14A. FATHER'S NAME James Kelley
14B. BIRTHPLACE (STATE OR COUNTRY) Texas
15A. MOTHER'S MAIDEN NAME Unknown
15B. BIRTHPLACE (STATE OR COUNTRY) —
16. INFORMANT'S SIGNATURE Mrs John Kelley — ADDRESS Douglas, Ariz.
17. DATE OF DEATH (MONTH) Aug. (DAY) 9 (YEAR) 1955

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AUSE OF EATH EM 18) 0 0

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 331 X
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. ____
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hours

ANTECEDENT CAUSES — MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 7 —
DUE TO (C) Arteriosclerosis — 7 —

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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19A. DATE OF OPERATION —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [ ] NO [X]

EATH UE TO TERNAL OLENCE

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) —
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR?

EDICAL CORONER'S FICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/9, 1955 TO 8/9, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 8/9, 1955, AND THAT DEATH OCCURRED AT 6:45 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) [signature] M.O.
23B. ADDRESS Douglas Ariz.
23C. DATE SIGNED 8/10/55

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24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE 8-11-55
24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.
25A. DATE REC'D BY LOCAL REG. Aug 12/55
25B. REGISTRAR'S SIGNATURE [signature]
26. FUNERAL DIRECTOR'S SIGNATURE [signature] — ADDRESS Douglas
27. EMBALMER'S SIGNATURE [signature] — CERT. NO. 238

FORM VS 2 REV. 1-1-53