

4424

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.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Cochise	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>9-24</u>
District	Tombstone	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. _____
Town or City	Tombstone	No. <u>First</u>	Local Registrar's - No. _____
		(If death occurred in a hospital or institution, give its NAME instead of street number)	St. <u>First</u> Ward _____
2. FULL NAME <u>Archie Kelly</u>			
(a) Residence. No. <u>First</u>		St. <u>First</u> Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <u>12</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Male	White	Married	
5a. If married, widowed, or divorced			
HUSBAND of <u>Teresa Hernandez de Kelly</u>			
(or) WIFE of _____			
6. DATE OF BIRTH ( <u>January 4</u> ) <u>1867</u>			
7. AGE	Years	Months	Days
	<u>58</u>	<u>0</u>	<u>2</u>
IF LESS than 1 day..... hrs. or..... min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Miner</u>			
(b) General nature of industry, business or establishment in which employed (or employer) <u>Metal</u>			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>San Antonio</u>			
(State or country) <u>Texas</u>			
10. NAME OF FATHER <u>John M. Kelly</u>			
11. BIRTHPLACE OF FATHER _____ (city or town)			
(State or country) <u>Kentucky</u>			
12. MAIDEN NAME OF MOTHER <u>Sarah A. Davis</u>			
13. BIRTHPLACE OF MOTHER _____ (city or town)			
(State or country) <u>Kentucky</u>			
14. Informant <u>James A. Kelly</u>			
(Address) <u>At. Huson, Ariz</u>			
15. Filed <u>Jan 6</u> , 19 <u>25</u> _____ Local Registrar.			
Filed <u>2-4</u> , 19 <u>25</u> _____ County Registrar.			
v. S. No. 1 _____			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>January 6, 1925</u>			
17. I HEREBY CERTIFY, That I attended deceased from _____			
<u>Jan 5</u> , <u>1925</u> to <u>Jan 6</u> , <u>1925</u> , 19____			
that I last saw him alive on <u>Jan. 5, 1925</u> , 19____			
and that death occurred, on the date stated above, at <u>8:30A</u> m.			
The CAUSE OF DEATH* was as follows:			
<u>Cerebral hemorrhage</u>			
(duration) _____ yrs. _____ mos. <u>1</u> ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted <u>Yes</u>			
not at place of death? _____			
Did an operation precede death? <u>No</u> Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Clinical</u>			
Signed <u>[Signature]</u> , M. D.			
192 <u>5</u> (Address) <u>Tombstone, Ariz</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
<u>Tombstone, Arizona</u>		<u>Jan. 8, 1925</u>	
20. UNDERTAKER		ADDRESS	
<u>Hennesy &amp; Co</u>		<u>Bisbee</u>	