3004

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - - - No. 326
County Registrar's - - No.
Local Registrar's - - - No. 217

PLACE OF DEATH

1. County Pima Norris
District 12
Town or City Tuscon, No. 1201 East Sixth St St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Nancy E. Kelly

(a) Residence. No. St., Ward Douglas, Arizona
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. S. Kelly

6. DATE OF BIRTH (month, day and year) Mar. 29, 1878

7. AGE: Years 47 | Months 2 | Days 8 | IF LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Hamilton Co., Texas
(State or country)

PARENTS

10. NAME OF FATHER R. Murah
11. BIRTHPLACE OF FATHER Texas (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Mary Burtelson
13. BIRTHPLACE OF MOTHER Texas (city or town)
(State or country)

14. Informant J. S. Kelly
(Address) Tuscon Ariz

15. Filed 3/6/26 1925 Ora Schwabe Local Registrar.
Filed ..... 19 ..... County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-6-1925

17. I HEREBY CERTIFY, That I attended deceased from 6-5, 1925 to 6-6-, 1925, that I last saw her alive on 6-6-, 1925, and that death occurred, on the date stated above, at 1:45 a m. The CAUSE OF DEATH* was as follows:

Carcinoma of lungs
& Mediastinum

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? Arizona
Did an operation precede death? Yes Date of 1921
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. G. Norris, M. D.
19 (Address)

* 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 Douglas, Ariz. | DATE OF BURIAL 6-6- 1925

20. UNDERTAKER Parker Funeral Home | ADDRESS Tuscon

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.

MARGIN RESERVED FOR BINDING