

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.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. **40** ✓  
REGISTERED NO. **222**

1. PLACE OF DEATH  
COUNTY Cochise STATE ARIZONA  
TOWNSHIP Douglas OR VILLAGE \_\_\_\_\_  
CITY Douglas NO. \_\_\_\_\_ OR \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) ST. \_\_\_\_\_ WARD \_\_\_\_\_  
IN CITY OR TOWN WHERE DEATH OCCURRED 29 YRS. 0 MOS. 0 DS. HOW LONG IN U. S. OF FOREIGN BIRTH? YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
2. FULL NAME Mary Jane Kelley HOW LONG IN STATE WHEN DEATH OCCURRED? 36 YRS. 0 MOS. 0 DS. \_\_\_\_\_  
(A) RESIDENCE: NO. 1302-21st St. ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF James Franklin Kelley  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1859

7. AGE YEARS 75 MONTHS 9 DAYS 1 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Home

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas

13. NAME Heard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas

15. MAIDEN NAME Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Texas

17. INFORMANT Robert E. Kelley  
(ADDRESS) Ajo Arizona

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Douglas Arizona DATE 12-20-34

19. EMBALMER { LICENSE NO. 211-A  
SIGNATURE [Signature]  
FUNERAL DIRECTOR Porter & Ames  
ADDRESS Douglas, Arizona

20. FILED Dec 20, 1934 [Signature] REGISTRAR (ADDRESS) Douglas

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-34, 1934

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec 10, 1934 TO Dec 18, 1934  
I LAST SAW HER ALIVE ON Dec 18, 1934 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 10.50P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Hypostatic Pneumonia DATE OF ONSET 12-12-34

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Mild & Acute Nephritis ?  
Artic. Sclerosis ?  
Chronic Hypertension ?

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
IF SO, SPECIFY \_\_\_\_\_ (SIGNED) [Signature] M. D.  
(ADDRESS) Douglas