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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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health**
BUREAU OF VITAL STATISTICS STATE FILE NO. 26

1. PLACE OF DEATH
 COUNTY Cochise STATE ARIZONA REGISTERED NO. 147
 TOWNSHIP Douglas OR VILLAGE _____
 CITY Douglas NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. 7 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Alton Kelly HOW LONG IN STATE WHEN DEATH OCCURRED? 27 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. Whitewater ST. _____ WARD _____
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Divorced</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-14-36</u> 19__	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>3-7-36</u> , 19__, TO <u>8-14-36</u> , 19__ I LAST SAW HIM ALIVE ON <u>8-14-36</u> 19__, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1-40pm</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pulmonary Tuberculosis</u> <u>1930</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Hemorrhage</u> <u>8/7/36</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Kelly</u>				DATE OF ONSET		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-14-1904</u>					NAME OF OPERATION <u>None</u> DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? <u>Cheinic</u> WERE THERE AN AUTOPSY? <u>#</u>	
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Rancher</u>					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 _____	
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) <u>1932</u>					24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY _____ (SIGNED) <u>W. C. Williams</u> M. D. (ADDRESS) <u>Douglas, Arizona</u>	
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Bandera Texas</u>					19. EMBALMER } LICENSE NO. <u>211-A</u> FUNERAL DIRECTOR } SIGNATURE <u>W. C. Williams</u> <u>Porter & Amos</u> ADDRESS <u>Douglas, Arizona</u>	
13. NAME <u>G B Kelly</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>					20. FILED <u>8-15-36</u> , 19__ REGISTRAR <u>W. C. Williams</u>	
15. MAIDEN NAME <u>Katherine Kelly</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Texas</u>					17. INFORMANT <u>George Kelly</u> <u>GB Kelly</u> (ADDRESS) <u>Whitewater, Arizona</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wills Cemetery</u> DATE <u>8-16-36</u> 19__						