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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 28
Registrar's No. 83

1. Place of Death: (a) County Cochise (b) City or Town Bisbee Rural (If outside city limits also write RURAL) (c) Location Miller Canyon (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 61 years (Specify whether years, months or days) ; In Arizona 61 years

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Cochise ; (c) City or Town Bisbee, Rural (If outside city limits also write RURAL)

(d) Street No. Miller Canyon - Huachuca Mountains ; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME John Monroe Kelly (b) If veteran name war Spanish Amer. (c) Social Security No. None (If NONE write the word)

4. Sex: Male
5. Color or Race: White
6. (a) Single, married, widowed or divorced: Divorced
6. (b) Name of husband or wife: Flora Kelly
6. (c) Age of husband or wife, if alive: 65 yrs.
7. Birthdate of deceased: March (Month) 4 (Day) 1874 (Year)
8. AGE: Years 67 Months 5 Days 5 If less than one day hrs. min.
9. Birthplace: Llano, Llano Co., Texas (City, town or county) (State or Country)
10. Usual Occupation: Miner
11. Industry or Business: Mining

Father
12. Name: John Kelly
13. Birthplace: Not known (City, town or county) Missouri (State or Country)

Mother
14. Maiden Name: Sarah Davis
15. Birthplace: Not known (City, town or county) Kentucky (State or Country)

16. (a) Informant's own signature: Mrs Henry Pigeot
(b) Address: Fort Huachuca

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Bisbee, Ariz. (c) Date: 8/8 19 41

18. (a) Embalmer's Signature: John B. Dugan
(b) Funeral Director: John B. Dugan
(c) Address: Bisbee, Arizona.

19. (a) Aug 13, 1941 (Date received local Registrar)
(b) O. B. Mann (Registrar's Signature) E. Ross

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year): Aug 8/7, 19 41;
TIME (Hour and minute): Found dead M.

21. I hereby certify that I attended the deceased from 8-4, 1941 to 8-8, 1941; that I last saw him alive 8-8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chr Pulmonary Tuberculosis

Due to: Silicosis

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H. L. Friend M. D.
Address: Bisbee Date signed: 8-9-41