ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5413

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 145

PLACE OF DEATH AND USUAL RESIDENCE (07 / 11 / 03016)

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 42 yrs. IN ARIZONA 42 yrs.
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1480 19th

DECEDENT'S PERSONAL DATA (1 2 3 7 4 9 53)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Martha B. (MIDDLE) K. C. (LAST) Kelley
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widow
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH July DAY 10 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 72
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: George Kelley
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Lila Hudspeth
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: County Hospital Records; ADDRESS: Douglas, Ariz.
17. DATE OF DEATH (MONTH) Sept. (DAY) 6, (YEAR) 1953

CAUSE OF DEATH (ITEM 18) (0 0)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 420
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) arteri's - sclerosis. — 3 yrs.
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY (2)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE (1 / 1)

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION (1)

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/5, 1953 TO 9/6, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 9/6, 1953 AND THAT DEATH OCCURRED AT 4:05 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R. E. Montgomery M.D. (DEGREE OR TITLE)
23B. ADDRESS: Douglas
23C. DATE SIGNED: 9/8/53

FUNERAL DIRECTOR AND REGISTRAR (10 / 2 / 142)

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Sept. 9, 1953
24C. NAME OF CEMETERY OR CREMATORY: Calvary
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
25A. DATE REC'D BY LOCAL REG.: Sept. 8/53
25B. REGISTRAR'S SIGNATURE: Eva Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Curtis Page ADDRESS: Douglas, Ariz.
27. EMBALMER'S SIGNATURE: Curtis Page CERT. NO. 371

FORM VS 2 REV. 1-1-53