

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Navajo	B. LENGTH OF STAY (IN THIS TOWN) 1883 yrs (IN ARIZONA) 79 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Heber <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona B. COUNTY Navajo C. CITY OR TOWN Heber <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) at her home			D. STREET ADDRESS None (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (TYPE OR PRINT) CHARLOTTE ELIZABETH PORTER			4. SEX Female	B. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
6B. NAME OF SPOUSE Alva Porter		7. DATE OF BIRTH MONTH DAY YEAR 11 9 1878	B. AGE (IN YEARS) LAST BIRTHDAY 79 yrs.	IF UNDER 1 YEAR MONTHS DAYS 0 19	IF UNDER 24 HRS. HOURS MIN. 0 0	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Homemaker
9B. KIND OF BUSINESS OR INDUSTRY Domestic	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO		
14A. FATHER'S NAME James Edward Shelley		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Margaret Hunter		15B. BIRTHPLACE (STATE OR COUNTRY) Scotland	
16. INFORMANT'S SIGNATURE <i>Thomas A. Shelley</i>		ADDRESS Heber, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 28 1957		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Cerebro-vascular accident</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>arterio-sclerosis</i> DUE TO (C) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <i>mixed death</i> <i>years</i> "	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan 1954</i> , IS <i>1957</i> , TO <i>Nov 28</i> , IS <i>57</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>Sept 27</i> , IS <i>57</i> , AND THAT DEATH OCCURRED AT <i>11:45 a.m.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <i>Donald + DeWard MD</i>		22B. ADDRESS <i>Holbrook Arizona</i>		22C. DATE SIGNED <i>29 Nov 57</i>		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec. 1, 1957	25C. NAME OF CEMETERY OR CREMATORY Heber Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Heber, Navajo, Arizona	
26A. DATE REC. BY LOCAL REG.		26B. REGISTRAR'S SIGNATURE <i>Eva J. Shelley</i>		27A. GENERAL PRACTICIAN'S SIGNATURE <i>D. Helwig</i>		27B. ADDRESS Holbrook, Arizona