

CERTIFICATE OF DEATH

CE OF DEATH 09 09 AND 98 6	BIRTH NO. 1. PLACE OF DEATH A. COUNTY Navajo		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Navajo		3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) George B. (MIDDLE) Shelley C. (LAST) Shelley		4. SEX Male 5. COLOR OR RACE White		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Joseph City		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 30 D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Home		6. MARRIED NEVER MARRIED WIDOWED DIVORCED 7. DATE OF BIRTH Oct. 21 1892		8. AGE 59 9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Farmer		
PERSONAL DATA 1/5/9		9B. KIND OF BUSINESS OR INDUSTRY Farm		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? US H.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
14A. FATHER'S NAME James E. Shelley		14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Margaret Hunter		15B. BIRTHPLACE (STATE OR COUNTRY) Scotland		13. SOCIAL SECURITY NO. 527 20 8857	
16. INFORMANT'S SIGNATURE Margaret Shelley		ADDRESS Joseph City, Ariz.		17. DATE OF DEATH Feb. 19 1952		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) antero-sclerotic kidney (B) degenerative hypertension (C) anemia (not due to)		INTERVAL BETWEEN ONSET AND DEATH few years	
19A. DATE OF OPERATION 2-19-52		19B. MAJOR FINDINGS OF OPERATION as above		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) large bloody duodenal ulcer.		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) X =		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [Feb. 19 52] TO [Feb. 19 52] THAT I LAST SAW THE DECEASED ALIVE ON [Feb. 18 52] AND THAT DEATH OCCURRED AT [2:30 PM] FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. SIGNATURE Donald + DeMarx MD Holbrook Ariz.	
24A. BURIAL CREMATION REMOVAL X =		24B. DATE Feb. 21, 1952		24C. NAME OF CEMETERY OR CREMATORY Joseph City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Joseph City, Ariz.		23C. DATE SIGNED 2-21-52	
25A. DATE REC'D BY LOCAL REG. 2-21-52		25B. REGISTRAR'S SIGNATURE Judy M. Crowe		25C. EMPLOYER'S SIGNATURE Felix H. Alcorn		25D. EMPLOYER'S SIGNATURE Felix H. Alcorn		CERT. NO. 290A	