

329

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. _____

Registrar's No. 52

1. Place of Death: (a) County Mohave (b) City or Town Kingman (c) Location Gold Crown Mine 42 NW
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution) Kingman

(d) Length of Stay: In Hospital or Institution _____; In Community 2 yrs; in Arizona 2 yrs
(Specify whether years, months or days)

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

(d) Street No. _____ (e) Citizen of foreign country (yes or No) _____

3. (a) FULL NAME John Franklin Shelley (b) If Veteran no If Yes, which country _____
name war _____ Social Security No. 526-24-1939
(If NONE write the word)

4. Sex male 5. Color or Race Cauc 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Linda Shelley 6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased August 30 1882
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 16 If less than one day hrs. _____ min. _____

9. Birthplace American Fork Utah
(City, town or county) (State or Country)

10. Usual Occupation Mining

11. Industry or Business Gold & silver

Father { 12. Name Thomas Shelley
13. Birthplace England
(City, town or county) (State or Country)

Mother { 14. Maiden Name Charlotte Elmore
15. Birthplace England
(City, town or county) (State or Country)

16. (a) Informant's own signature Wanda Shelley
(b) Address Kingman, Arizona

17. (a) Burial, Cremation or Removal removal
(b) Place Shelley Idaho (c) Date 9/17 1942

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Van Warter Mortuary
(c) Address Kingman, Ariz

19. (a) Sept 17 1942
(Date received local Registrar)
(b) Mac Emery
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept 16 1942
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from _____
_____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Died without medical service
Probably myo-carditis
Due to _____

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 [Signature] M. D.
Address Health Department
Kingman, Arizona