

9409

RETURN OF A DEATH

County of Pima
Territory of Arizona

City of Tucson

No of Record

308

No of Burial Permit

3035

NO INCOMPLETE RETURN WILL BE ACCEPTED

No. 1. Name in full Amos M. Scholfield ✓

2. Color 3. Sex 4. Conjugal Condition

WHITE
MEXICAN
BLACK (Negro or mixed)
INDIAN
CHINESE
JAPANESE

MALE
FEMALE

SINGLE
MARRIED
WIDOWED
DIVORCED

Note: For questions 3 and 4, strike out words not appropriate.

5. Date of Death { Year 1906 Month Nov Day 30 } 6. Date of Birth { Year 1883 Month July Day 29 } 7. Age { Years 23 Months 4 Days 1 }

8. Occupation U.S. Forest Ranger
(Retain occupation for all persons 10 years of age and over)

9. Place of Birth Globe, Arizona
10. Birthplace of Father Utica, N.Y.
11. Birthplace of Mother San Bernardino, Cal. } STATE OR COUNTRY

12. Disease or Cause of Death:
CHIEF CAUSE Typhoid fever
CONTRIBUTING CAUSE Exhaustion
DURATION 1 month
PLACE WHERE DISEASE WAS CONTRACTED, if any other than place of death _____

13. Place of Death: No. 628 St. 9th Ave. Street 1st Ward
If death occurred in an institution, give name of same _____
Length of time deceased was an inmate _____ and previous residence _____

14. Late Residence Tucson, Arizona
LENGTH OF RESIDENCE [in city] 21 years

UNDERTAKER The Reilly Undertaking Co.
PLACE OF INTERMENT Citizen's Cemetery
SIGNATURE Mark S. Rodgers, M.D. (Of physician or informant)
DATE OF CERTIFICATE 12/1/06 1906

FILL OUT WITH INK AND WRITE PLAINLY