9515

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Graham

District

Town or city Safford, Arizona No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street number)

State Index - - - No. 145

County Registrar's - No. 118

Local Registrar's - No. 102

2. FULL NAME John Wm. Nunn Scarlett

(a) Residence. No. Safford Arizona St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE White

5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Luba Scarlett.

6. DATE OF BIRTH (month, day and year) July, 26-1854

7. AGE Years 69 Months 8 Days 9 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or Country) Arkansas

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14. Informant (Address) Mrs. Floyd Scarlett Safford, Ariz.

15. Filed Apr 3 1924 Hattie W. Schenck Local Registrar.

Filed Apr 3 1924 D Scott Schenck County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3/31/1924

17. I HEREBY CERTIFY, That I attended deceased from 3/10/24, 19 to 3/30/24, 19 that I last saw him alive on 3/30/1924 and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency and aortic regurgitation.

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (secondary) None

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

Signed D Scott Schenck M. D.

Mar 31 1924 (Address) Safford.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Safford

DATE OF BURIAL April 1 1924

20. UNDERTAKER W. C. Rawson

ADDRESS Safford

N. B.—WRITE PLAINLY, WITH UNFADING ANTI-THESERIA PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.