2638

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index - - - - - No. 418
County Registrar's - - No.
Local Registrar's - - - No. 202

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

1. County Pima
District 12
Town or City Tuscon
No. Arizona Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Mary Elva Scarlott
(a) Residence. No. 839 Mabel Street, Tuscon St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Scarlott

6. DATE OF BIRTH (month, day and year) Sept. 16, 1876

7. AGE Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
48	8	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Macon, Missouri
(State or country)

PARENTS

10. NAME OF FATHER Chas. O. Walker
11. BIRTHPLACE OF FATHER Macon, Missouri (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER Sina S. Rogers
13. BIRTHPLACE OF MOTHER Macon, Missouri (city or town)
(State or country)

14. Informant Frank Scarlott, 839 Mabel St.
(Address) Tuscon, Arizona

15. Filed 6-1, 1935 A G Schnabel Local Registrar.
Filed ..., 19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5-30-25 19

17. I HEREBY CERTIFY, That I attended deceased from 5-8, 1925 to 5-30-25, 19..., that I last saw her alive on 5-30-25, 19..., and that death occurred, on the date stated above, at 4P m. The CAUSE OF DEATH* was as follows:

Peri Nephritic Abscess

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death? No Dakota
Did an operation precede death? yes Date of 5-27-25
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Meade Clyne M. D.
5-30-25 19 (Address) Tuscon

* 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 Macon, Missouri
DATE OF BURIAL 6- 1-25 19

20. UNDERTAKER Parker-Grimshaw Co.
ADDRESS Tuscon