1304

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 233

1. PLACE OF DEATH

County Maricopa State ARIZONA Registered No.

Township Aguila or Village or

City No. St. Ward

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

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

2. FULL NAME GENEVIEVE SCADLOCK How long in State when death occurred? yrs. mos. 7 ds.

(a) Residence: No. 10251 San Antonio Ave. St., Ward. South Gate, Calif.

(Usual place of abode) (If non-resident give city or town and State)

21071

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

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 William J. Scadlock

6. DATE OF BIRTH (month, day, and year) 30 Aug. 1900

7. AGE Years 33 Months 5 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Housewife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Pima, Graham Co., Arizona

FATHER

13. NAME John Cluff

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Ferrin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Morris R. Parry South Gate, Calif.

18. BURIAL, CREMATION, OR REMOVAL

Place Pima, Arizona Date 27 Feb 1934

19. UNDERTAKER (Address) Meldrum Mortuary Mesa, Arizona.

20. Filed 2/28/34 19 J A Copeland Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19; death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows: Date of Onset

Auto Accident

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 2/24 1934

Where did injury occur? Aguila, Maricopa, Ariz. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Bus Accident

Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O R Jaycox M.D.

(Address) Coroner

20M 4-49-33 MS 48294 Form

Back of Certificate to be used for any Additional Information

Over