

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. <u>82</u>	
1. PLACE OF DEATH		County <u>Tucson</u> State <u>ARIZONA</u>	
Township _____ or Village _____		Registered No. <u>2</u>	
City <u>Pima</u>		No. _____ St. _____ Ward _____	
Length of residence in city or town where death occurred <u>25</u> yrs. <u>0</u> mos. <u>20</u> ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Scott Seaman Follett</u>		How long in state where death occurred <u>25</u> yrs. <u>0</u> mos. <u>20</u> ds.	
(a) Residence: No. _____ (Usual place of abode)		St. _____ Ward _____ (Non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rennie Follett</u>			
6. DATE OF BIRTH (month, day, and year) <u>Jan. 23 1913</u>			
7. AGE	Years <u>25</u>	Months <u>0</u>	Days <u>20</u>
	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>State Highway</u>		
	10. Date deceased last worked at this occupation (month and year) <u>August 1937</u>		
11. Total time (years) spent in this occupation <u>1</u>			
12. BIRTHPLACE (city or town) (State or Country) <u>Pima, Ariz.</u>			
FATHER	13. NAME <u>Owen W. Follett</u>		
	14. BIRTHPLACE (city or town) (State or Country) <u>Pima, Ariz.</u>		
MOTHER	15. MAIDEN NAME <u>Josephine Merrill</u>		
	16. BIRTHPLACE (city or town) (State or Country) <u>Byree, Ariz.</u>		
17. INFORMANT <u>Carl S. Follett</u> (Address) <u>Pima, Arizona</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pima Ariz.</u> Date <u>Jan 14 1938</u>			
19. EMBALMER License No. _____ Signature <u>W. E. Rawson</u> FUNERAL DIRECTOR Address <u>1217 Broadway, Pima, Ariz.</u>		20. Filed <u>Jan 19 1938</u> Registrar <u>W. E. Rawson</u>	
		21. DATE OF DEATH (month, day, and year) <u>January 13 1938</u>	
		22. I HEREBY CERTIFY, that I attended deceased from <u>December 22 1937</u> to <u>January 13 1938</u>	
		I last saw deceased alive on <u>January 13 1938</u> ; death is said to have occurred on the day stated above, <u>5:25 A.M.</u>	
		The principal cause of death and related causes of importance were as follows: <u>Tuberculosis</u>	
		Date of Onset <u>(?) Aug 1936</u>	
Other contributory causes of importance:			
		Name of operation _____ Date of _____	
		What test confirmed diagnosis? <u>Colloidal Gold Curve of Spinal fluid.</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____			
Where did injury occur? _____ (Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
		(Signed) <u>W. W. Westcott</u> M. D.	
		(Address) <u>Pima, Arizona</u>	