1260

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.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 78

Registered No. 22

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Graham State ARIZONA

Township ____ or Village ____ or

City Safford. 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 22 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

How long in State when death occurred? 55 yrs. ____ mos. ____ ds.

2. FULL NAME Lula Quinn Scarlett

(a) Residence: No. ____ Safford - Ariz. St., ____ Ward. (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (month, day, and year) Oct.

7. AGE Years 81 Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) S. Carlina

FATHER

13. NAME J. B. Quinn

14. BIRTHPLACE (city or town) (State or Country) S. Carlina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or Country) Unknown

17. INFORMANT (Address) C. W. Scarlett Safford

18. BURIAL, CREMATION, OR REMOVAL Place Safford Ariz. Date Feb 15 1939

19. EMBALMER { License No. ____ Signature ____

FUNERAL DIRECTOR W. C. Rawson

Address Safford, Ariz.

20. Filed March 1, 1939. [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Feb 13, 1939

I last saw her alive on Feb 13, 1939; death is said to have occurred on the date stated above, at 11 a.m.

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

Pneumonia

Bronchial type

Date of Onset

Other contributory causes of importance:

Diabetes mellitus

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? ____ 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 ____ F. W. Butler, M. D.

(Signed) ____

(Address) Safford, Ariz.

Back of Certificate to be used for any Additional Information

5M—7/6/38— Form 3 100% Rag