

2743

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 430
Registrar's No. 738

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 3914 E Monte Vista Dr.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home; In Community 55 yrs; in Arizona 63 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 3914 E Monte Vista Drive; (e) Citizen of foreign country (yes or No) no
if Yes which country (If NONE write the word)
3. (a) FULL NAME George P. Scholefield (b) If Veteran None name war None Social Security No. None

4. Sex Male 5. Color or Race white 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Blara A Scholefield or wife, if alive 79 yrs. 6. (c) Age of husband
7. Birthdate of deceased May 21st 1860
(Month) (Day) (Year)
8. AGE: Years 82 Months 3 Days 10 If less than one day
hrs. min.

9. Birthplace Utica, New York
(City, town or county) (State or Country)
10. Usual Occupation Retired
11. Industry or Business bathtubman
12. Name Charles Scholefield
13. Birthplace Unknown
(City, town or county) (State or Country)
14. Maiden Name Helen de Graft
15. Birthplace Scotland
(City, town or county) (State or Country)

16. (a) Informant's own signature Helen Brodeur
(b) Address 929 N Hoff

17. (a) Burial, Cremation or Removal Burial
(b) Place Evergreen (c) Date Sept 2nd 1942

18. (a) Embalmer's Signature Chris Kelly
(b) Funeral Director Rilly Undertaking Co
(c) Address Tucson Ariz

19. (a) Sept 1, 1942
(Date received local Registrar)
(b) H H Howard MD
(Registrar's Signature)

ZOM 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 31st 1942
TIME (Hour and minute) 12:15 A.M.
21. I hereby certify that I attended the deceased from Aug 27th
1942 to Aug 31, 1942
that I last saw him alive on Aug 30th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to _____
Due to _____
Other conditions Chr. Interstitial Nephritis
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: no

DURATION
?
?
?
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature [Signature] M. D.
Address Tucson Date signed 9/1/42