9608

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 226

Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 2 Mo (Specify whether years, months or days); In Arizona 2 Mo.

2. Usual Residence of Deceased: (a) State Kentucky; (b) County ; (c) City or Town Casey Creek (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (Yes or No) If Yes, which country

3. (a) FULL NAME Zilpha Mediline Scott (b) If Veteran name war None (c) Social Security No. None

4. Sex: Female

5. Race: White ☐ Indian ☐ Negro ☐ Oriental ☐ White

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Frank Scott

6. (c) Age of husband or wife, if alive 35 yrs.

7. Birthdate of deceased Oct. (Month) 19 (Day) 1911 (Year)

8. AGE: Years 35 | Months | Days | If less than one day hrs. min.

9. Birthplace Casey Creek (City, town or county) Kentucky (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

Father
12. Name Emit Goade
13. Birthplace Casey Creek (City, town or county) Kentucky (State or Country)

Mother
14. Maiden Name Norma F. Meyes
15. Birthplace Washington Co. (City, town or county) Kentucky (State or Country)

16. (a) Informant's own signature Frank Scott
(b) Address Wickenburg Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Casey Creek Ky. (c) Date 3/11/47 19

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Ariz.

19. (a) 3/11/47 (Date received Local Registrar)
(b) Naomi Coffinger (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 3/10/47, 19; TIME (Hour and minute) 7.30 A. M.

21. I hereby certify that I attended the deceased from 2-10-47, 19 to 3-10-47, 19; that I last saw h. alive on 3-9-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

DURATION: Several years

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 Floyd B. Wallace M. D.
Address Wickenburg, Ariz. Date signed 3-26-47

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