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STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

511

State File No. _____
Registrar's No. 1106

1. Place of Death: (a) County Pima (b) City or Town TUCSON (c) Location 929 N. Hoff St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 65 Yrs; In Arizona 65 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. 929 N. Hoff (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____ (c) Social Security No. NONE

3. (a) FULL NAME Clara Ann Scholefield (b) If veteran name war no (c) Social Security No. NONE

4. Sex Female 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Geo. P. Scholefield 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased May 2nd, 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace San Bernardino Calif.
(City, town or county) (State or Country)

10. Usual Occupation at Home

11. Industry or Business _____

Father { 12. Name James A. Moore
13. Birthplace California
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Jane ?
15. Birthplace California
(City, town or county) (State or Country)

16. (a) Informant's own signature Helen Brodie
(b) Address 929 N. Hoff, Tucson Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Evergreen (c) Date Nov. 29th 1947

18. (a) Embalmer's Signature Chris A. Kelly
(b) Funeral Director Reilly Undertaking Co.
(c) Address Tucson Arizona

19. (a) 11-29-47 (Date received Local Registrar)
(b) [Signature] (Registrar Signature)
Deputy

20. DATE OF DEATH (Month, day and year) NOV. 27th 19 47
TIME (Hour and minute) (9:15 P. M.)

21. I hereby certify that I attended the deceased from Oct. 10th 1947 to November 27, 1947
that I last saw her alive on November 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: _____
Of operations _____

Of autopsy _____

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 Ariz Date signed 11/28/47

DURATION 10/10
to 11/27/47

PHYSICIAN
Underline the cause to which death should be charged statistically