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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 238

County Registered No. 106

Local Registrar's No.

PLACE OF DEATH
County Yavapai
District Prescott
Town Prescott
Or City Prescott

ORIGINAL CERTIFICATE OF DEATH

No. West Prescott St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Tilghman H. Scudder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male
Color or Race White
SINGLE - MARRIED - WIDOWED - or-DIVORCED -

DATE OF DEATH July 1, 1916
(Month) (Day) (Year)

DATE OF BIRTH March 28, 1863
(Month) (Day) (Year)

I hereby certify, that I attended deceased from June 17 1916 to July 1 1916; that I last saw him alive on July 1 1916, and that death occurred on the date stated above at 12 M. The DISEASE or INJURY causing Death was as follows: Pulmonary Tuberculosis

AGE 53 yrs. 3 mos. 2 days
If less than 1 day hrs., or min.

OCCUPATION (a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country) Indiana

(Duration) 1 yrs. mos. days
Was disease contracted in Arizona? no
If not, where? Indiana

NAME OF FATHER Stephen Scudder

CONTRIBUTORY (Duration) yrs. mos. days
(Signed) H. W. Southworth M.D.

BIRTHPLACE OF FATHER (State or Country) Don't Know

MAIDEN NAME OF MOTHER Emeline Whitehead

BIRTHPLACE OF MOTHER (State or Country) Don't Know

The Above Is True to the Best of My Knowledge
(Informant) Mrs. T. H. Scudder
(Address) Greenfield, Indiana.

July 1, 1916. (Address) Prescott, Ariz.
*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

PLACE OF BURIAL OR REMOVAL Greenfield, Ind.
DATE OF BURIAL OR REMOVAL July 1, 1916

LENGTH OF RESIDENCE
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.

UNDERTAKER Lester Ruffner
ADDRESS Prescott, Ariz.

Former or Usual Residence Indiana
Filed Harry F. Southworth
Local Registrar

Filed 7/31 1916 John H. Fennie
County Registrar

WRITE MAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.