

MARGIN RESERVED FOR BINDING

11. B. = WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID) THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1 PLACE OF DEATH		CERTIFICATE OF DEATH		8414
COUNTY OF <u>Northampton</u>		COMMONWEALTH OF VIRGINIA		
MAGISTERIAL DISTRICT OF <u>Capeville</u>		DEPARTMENT OF HEALTH		
OR		BUREAU OF VITAL STATISTICS		
INC. TOWN OF _____		REGISTRATION DISTRICT No. <u>602A</u>	REGISTERED No. <u>16</u>	
OR		(TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)		
CITY OF _____		(No. _____) ST. _____	WARD _____	
(If death occurred in a hospital or other institution, give its NAME instead of street and number)				
Length of residence in city or town where death occurred. <u>86</u> yrs. <u>9</u> mos. <u>5</u> ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.				
2 FULL NAME <u>EMILY GOFFIGON SCOTT</u>				
(A) RESIDENCE. No. <u>Dalbys, Northampton County, Va.</u> ST. _____ WARD _____				
(Usual place of abode) (If nonresident give city or town and State)				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
<u>Female</u>	<u>White</u>	<u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (month, day, and year) <u>1850</u>				
7. AGE	Years	Months	Days	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
<u>86</u>		<u>9</u>	<u>5</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>none</u>			
	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 _____			
MOTHER	12. BIRTHPLACE (city or town) <u>Scotland Farm, Northampton County</u>			
	13. NAME <u>James Benjamin Scott</u>			
	14. BIRTHPLACE (city or town) <u>Scotland Farm, Northampton County</u>			
FATHER	15. MAIDEN NAME <u>Emily Sarah Williams</u>			
	16. BIRTHPLACE (city or town) <u>Seaview, Northampton County</u>			
17. INFORMANT <u>John L. Scott</u>				
(ADDRESS) <u>R. 3. D. Cape Charles Va.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u>				
PLACE <u>Bayview Annex, Northampton County</u> DATE <u>March 6, 1936</u>				
19. UNDERTAKER <u>Carroll Strimmer</u>				
(ADDRESS) <u>Cape Charles, Va.</u>				
20. FILED <u>Miss G.H. Lynn</u>				
(ADDRESS) <u>Cape Charles Va.</u> Registrar.				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>March 4, 1936</u>				
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Feb. 22, 1936</u> TO <u>March 4, 1936</u>				
I LAST SAW H. <u>to</u> ALIVE ON <u>March 4, 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:				
				Date of onset
<u>Influenza</u>				<u>2/8/36</u>
<u>Pneumonia</u>				
CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE: <u>11A</u>				
NAME OF OPERATION _____ DATE OF _____				
WHAT TEST CONFIRMED DIAGNOSIS? <u>Clin. exam.</u> WAS THERE AN AUTOPSY? <u>no</u>				
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: DATE OF ACCIDENT, SUICIDE, OR HOMICIDE? _____ INJURY _____ 1. _____				
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 _____				
(SIGNED) <u>John Lynn</u> M. D.				
(ADDRESS) <u>Cape Charles Va.</u>				

## Virginia, Death Records, 1912-2014 for Emily Goffigon Scott

### Record Index

**Name:** Emily Goffigon Scott  
**Gender:** Female  
**Race:** White  
**Death Age:** 86  
**Birth Date:** 1850  
**Death Date:** 4 Mar 1936  
**Death Place:** Northampton, Virginia,  
USA  
**Registration Date:** 5 Mar 1936  
**Father:** James Benjamin Scott  
**Mother:** Emily Sarah Williams  
**Spouse:**  
**Child:**  
**Certificate Number:** 1936008414  
**Military Status:**

### Source Information

**Record Url:** <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=General-9278&h=203889>

**Source Citation:** Virginia Department of Health; Richmond, Virginia; *Virginia Deaths, 1912-2014*

**Source Information:** Ancestry.com. *Virginia, Death Records, 1912-2014* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2015.  
Original data: Virginia, Deaths, 1912-2014. Virginia Department of Health, Richmond, Virginia.