

Form 8 5-09-4m.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

78

Ter. Index No.

County Registered No. 574

PLACE OF DEATH
 County of Marcopa
 District of 3
 Town of Mesa
 or
 City of _____

(If death occurs away from USUAL (No. _____ St., _____ Ward.) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
 RESIDENCE, give facts called for under "Special information.")
 FULL NAME Josephine H Norton

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE
 At Place of Death _____ yrs _____ mos.
 In Arizona _____ yrs _____ mos.

SEX Female COLOR OR RACE White Black Chinese Indian Mexican

DATE OF BIRTH July 4 1855
 (month) (day) (year)

AGE 53 years 11 months 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or foreign country) New York

OCCUPATION House wife

NAME OF FATHER Nelson Hull

BIRTHPLACE OF FATHER (State or foreign country) New York

MAIDEN NAME OF MOTHER Hannah K Dillingham

BIRTHPLACE OF MOTHER (State or foreign country) New York

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) J. E. Norton
 (Address) Mesa

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 - 1909
 (month) (day) (year)

I hereby certify, That I attended deceased from June 13/1909 to June 18/1909
 that I last saw her alive on June 18/1909
 and that death occurred on the date stated above at 9:15 AM
 The DISEASE or INJURY causing DEATH was as follows;
Pneumonia

Where contracted at home Duration 6 days

Contributing cause (if any) _____

Where contracted _____ Duration _____

(Signed) J. E. Drane M.D.
6/19/09 Address Mesa Ar.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual residence _____ How long at _____ Days
 Place of burial or removal _____ Date of burial or removal _____
Mesa Cemetery June 19 1909

Undertaker J. D. Hadnett Address _____
W. E. Burleson Mesa

Filed June 18/1909 J. E. Drane M.D.
 Filed July 6/1909 R. D. Hughes Local Register.
 County Register.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY 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 the word "unknown." Make every effort possible to secure this information.
 Incorrect certificates will be returned for correction.