

2538

223

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.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa  
District Phoenix #1  
Town Phoenix  
Or City Phoenix

BUREAU OF VITAL STATISTICS

State Index No. 132

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 663  
Local Registrar's No. 55

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

FULL NAME Aaron L. Norton

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race  White  Indian  Black  Chinese  Mexican  SINGLE  MARRIED  WIDOWED  or DIVORCED

DATE OF DEATH July 14 1915  
(Month) (Day) (Year)

DATE OF BIRTH 1885  
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Jan 28 1914 to July 14 1914; that I last saw h... alive on July 14 1915, and that death occurred on the date stated above at 6:25 P. M. The DISEASE or INJURY causing

AGE 30 yrs.  mos.  days hrs., or  min. If less than 1 day

Death was as follows:

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

Pulmonary Tuberculosis  
(Duration) 7 yrs. 6 mos. 7 days

BIRTHPLACE (State or country) Arizona

Was disease contracted in Arizona Yes  
If not, where? 30

NAME OF FATHER Unknown

CONTRIBUTORY (Duration)  yrs.  mos.  days

BIRTHPLACE OF FATHER (State or country) Unknown

(Signed) H. P. Miller  
7-14-1915 (Address) Phoenix, Ariz.

MAIDEN NAME OF MOTHER Unknown

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

BIRTHPLACE OF MOTHER (State or country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) State Hospital Records  
(Address) Phoenix Ariz.

At place of death 1 yrs. 10 mos. 8 ds. In Arizona Unknown yrs.  mos.  ds.  
Former or Usual Residence Stanley, Ariz.

PLACE OF BURIAL OR REMOVAL Mesa Cemetery DATE OF BURIAL OR REMOVAL July 16 1915

Filed 7/16/15  
Filed 8/8 1915

UNDERTAKER W. A. Burton ADDRESS Phoenix, Ariz.

County Registrar J. E. Dague