

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <u>Gila</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Miami</u> C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>5 days</u> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Miami-Inspiration Hospital</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Miami (Rural)</u> D. STREET ADDRESS <u>No. 40 Van Winkle</u> (IF RURAL, GIVE LOCATION)		3. NAME OF DECEASED A. (FIRST) <u>Jesse</u> B. (MIDDLE) <u>Arthur</u> C. (LAST) <u>Norton</u>		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>16</u> YEAR <u>1900</u>		8. AGE YEARS <u>51</u> MONTHS <u>7</u> DAYS <u>29</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>timberman</u>		9B. SOCIAL SECURITY NO. <u>526-07-2643</u>	
9. KIND OF BUSINESS OR INDUSTRY <u>Miami Cop Co</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>526-07-2643</u>	
14A. FATHER'S NAME <u>Charles E. Norton</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		14C. ADDRESS <u>44 Van Winkle</u>		15. MOTHER'S MAIDEN NAME <u>Ida Isabelle Worden</u>		16. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
16. INFORMANT'S SIGNATURE <u>James G. Norton</u>		17. DATE OF DEATH MONTH <u>March</u> DAY <u>15</u> YEAR <u>1952</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE OR (1), (2), (3). <u>Coronary Thrombosis</u> <u>due to (b) Anterior</u> <u>MI</u> <u>due to (c) None</u>		19. DATE OF OPERATION SPECIFY <u>None</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19A. MAJOR FINDINGS OF OPERATION		21A. PLACE OF INJURY (E. G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21B. HOW DID INJURY OCCUR?		21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)	
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <u>3-14</u> 19 <u>52</u> AND THAT DEATH OCCURRED AT <u>3:15</u> PM. THAT I LAST SAW THE DECEASED ON <u>3-15</u> 19 <u>52</u> AT THE DATE STATED ABOVE.		23A. SIGNATURE <u>Jesse Arthur Norton</u>		23B. ADDRESS (DEGREE OR TITLE) <u>Box 1838 Miami</u>		23C. DATE SIGNED <u>March 15 1952</u>		23D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>	
24A. BURIAL REMOVAL <input type="checkbox"/> LOCAL REG. <input checked="" type="checkbox"/>		24B. DATE <u>March 17, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Final Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		24E. REGISTRAR'S SIGNATURE <u>James G. Norton</u>	
25A. DATE REC'D BY LOCAL REG. <u>March 20 1952</u>		25B. REGISTRAR'S SIGNATURE <u>James G. Norton</u>		25C. ADDRESS (DEGREE OR TITLE) <u>Box 1838 Miami</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona</u>		25E. REGISTRAR'S SIGNATURE <u>James G. Norton</u>	