

CERTIFICATE OF DEATH

REGISTRAR'S NO. **305**

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 13 yrs IN ARIZONA 13 yrs	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Globe	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	A. STATE Arizona	B. COUNTY Gila
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		C. CITY OR TOWN Globe	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
			D. STREET ADDRESS 391 Malacita st.	(IF RURAL, GIVE LOCATION)

DECEDENT PERSONAL DATA 7 755	3. NAME OF DECEASED (TYPE OR PRINT) James Britton Norris			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
	6B. NAME OF SPOUSE Dora May Walker	7. DATE OF BIRTH MONTH Aug DAY 26 YEAR 1884	8. AGE (IN YEARS LAST BIRTHDAY) 70	IF UNDER 1 YEAR MONTHS 11 DAYS 4	IF UNDER 24 HRS. HOURS xx MIN. xx	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Carpenter
	9B. KIND OF BUSINESS OR INDUSTRY Carpenter	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) St. Jo Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. 459-16-3708	
	14A. FATHER'S NAME Ed Norris	14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	15A. MOTHER'S MAIDEN NAME Adeline Smith	15B. BIRTHPLACE (STATE OR COUNTRY) (unknown)		
16. INFORMANT'S SIGNATURE James B. Norris Jr (son)			ADDRESS Globe, Arizona		17. DATE OF DEATH July 30, 1955 at 2:15 p.m.	

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Cerebral Hemorrhage	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) Cerebral Hemorrhage	DUE TO (B) Hypertension	
			DUE TO (C) Atherosclerosis	
PLACE DISEASE CONTRACTED.	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY 4	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION +	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 27 , 19 55 , TO July 30 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON July 30 , 19 55 , AND THAT DEATH OCCURRED AT 2:15 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	22A. SIGNATURE William E. Bishop	DEGREE OR TITLE	22B. ADDRESS Globe, Arizona

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
	23D. TIME (MONTH) (DAY) (YEAR) (HOURS) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR 17 2 13	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Aug 3-1955	25C. NAME OF CEMETERY OR CREMATORY Pine Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Negish Arizona
	26A. DATE REC. BY LOCAL REG. 8-2-55	26B. REGISTRAR'S SIGNATURE Gene W. ...	27A. FUNERAL DIRECTOR'S SIGNATURE Gene W. ...	27B. ADDRESS Globe, Arizona