935

Damaged Document(s)

P[illegible] OF DEATH

County Graham

District Safford

Town Or City —

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - No.

County Registrar's No. 78

Local Registrar's - No. 75

No. ..... St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Charles Edgar Norton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

Color or ~~Race~~ White ~~Indian~~ Black ~~Chinese~~ Mexican

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH: Oct 20 1867 (Month) (Day) 192 (Year)

AGE: 55 yrs. 1 mos. 29 days | If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or Country): Utah

PARENTS
NAME OF FATHER: Henry E. Norton
BIRTHPLACE OF FATHER (State or Country): Unknown
MAIDEN NAME OF MOTHER: Sarah Ann Mather
BIRTHPLACE OF MOTHER (State or Country): Unknown

The Above is True to the Best of My Knowledge.
(Informant) Mrs. Belle Talley
(Address) Los Angeles Calif

PLACE OF BURIAL OR REMOVAL: Pima, Ariz.

DATE OF BURIAL OR REMOVAL: 12/18 192 2

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 16 192 2 (Month) (Day) (Year)

I hereby certify that I attended deceased from ..... 192 ....., to 12/14 192 2; that I last saw him alive on 12/14 192 2, and that death occurred on the stated above at 2:05 P.M. The DISEASE or INJU[illegible] causing death was as follows: Pulmonary Tuberculosis,

..... (Duration) ..... yrs. 3 mos. ..... days

Was disease contracted in Arizona? Yes

If not, where? .....

CONTRIBUTORY Influenza

..... (Duration) ..... yrs. ..... mos. ..... days

(Signed) J. N. Shelton H.Q.

12/14 192 2 (Address) Safford, Ariz.

*If death from violent causes state (1) means of injury, and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Ariz. ..... yrs. ..... mos. ..... ds.

Former or Usual Residence .....

Filed 1-9 1923 Alma Burns
Local Registrar.

Filed 1/16 1923 J. N. Shelton
County Registrar