1074

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 144
County Registrar's - No. 976
Local Registrar's - No. 108

PLACE OF DEATH

1. County Maricopa
District Chandler
Town or city Chandler No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Clara O Norton
(a) Residence. No. Chandler St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 27 1899

7. AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
23	11	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Clareville
(State or Country) Texas

PARENTS

10. NAME OF FATHER George W Norton
11. BIRTHPLACE OF FATHER (city or town) Tennessee
(State or country)
12. MAIDEN NAME OF MOTHER Maggie Uzzell
13. BIRTHPLACE OF MOTHER (city or town) Texas
(State or country)

14. Informant Ira Norton
(Address) Box 301 Miami Ariz.

15. Filed 7-27 1923 H. S. McNeill Local Registrar.
Filed AUG 1 1923 HARRY J. FELCK County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 6 1923

17. I HEREBY CERTIFY, That I attended deceased from 6/4 1923 to 7/6 1923
that I last saw her alive on 7/6 1923
and that death occurred, on the date stated above, at 3:45 P m.
The CAUSE OF DEATH* was as follows:
Pellagra

OK (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (secondary) Hemorrhage Bowels
..... (duration) ..... yrs. ..... mos. 1 ds.

18. Where was disease contracted if not at place of death? Texas
Did an operation precede death? no date of —
Was there an autopsy? no
What test confirmed diagnosis? Physical Diagnosis
Signed Jas. M Meason M. D.
7/7 1923 (Address) Goodyear Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Mesa Cem
DATE OF BURIAL July 7 1923

20. UNDERTAKER M E Gibbons
ADDRESS Mesa Ariz

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.