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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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

1. County Graham District Pima Town Central

State Index - - - No. 110
County Registrar's - No. _____
Local Registrar's - No. 2

2. FULL NAME Jahn Norton

(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Divorced</u>		16. DATE OF DEATH (month, day, and year) <u>Feb 16 1926</u>	17. I HEREBY CERTIFY. That I attended deceased from <u>2, 10</u> 1926 to <u>2, 12</u> 1926, that I last saw <u>him</u> alive on <u>2, 14</u> 1926, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Influenza</u>
6a. If married, widowed, or divorced HUSBAND of <u>Wm. Harrison</u> (or) WIFE of _____				(duration) _____ yrs. mos. da.	
6. DATE OF BIRTH (month, day and year) <u>Unknown</u>				CONTRIBUTORY (secondary) <u>Tubercular Meningitis</u> (duration) _____ yrs. mos. da.	
7. AGE <u>about 48</u>	Years	Months	Days	IF LESS than 1 day hrs. or min.	18. Where was disease contracted if not, at place of death? <u>no</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Miner</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer				Did an operation precede death? <u>no</u> date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Physical</u>	
9. BIRTHPLACE (city or town) <u>Carson City</u> (State or Country) <u>Nevada</u>				Signed <u>J. V. Murrin</u> M. D. 1926 (Address)	
10. NAME OF FATHER <u>Henry Norton</u> (city or town)				* State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER _____ (State or country)				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima</u> DATE OF BURIAL <u>Feb 17 19</u>	
12. MAIDEN NAME OF MOTHER <u>Sarah Matthew</u> (city or town)				20. UNDERTAKER _____ ADDRESS _____	
13. BIRTHPLACE OF MOTHER _____ (State or country)					
14. Informant <u>Louis Norton</u> (Address)					
15. Filed <u>March 5, 1926</u> <u>Mr. R. C. Dudley</u> <u>Deputy</u> Local Registrar.					
Filed _____ 19 _____ V. S. No. 1 County Registrar.					