4630

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - - No. 522
County Registrar's - No.
Local Registrar's - No. 64

PLACE OF DEATH

1. County Pinal
District Bunker Hill Mining District
Town or City P.O. Sombrero Butte No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME George R. Norton
(a) Residence. No. Sombrero Butte, Pinal Co. Ariz. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE 42 Years 42 Months 3 Days 18 IF LESS than 1 day ... hrs. or ... min.

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

9. BIRTHPLACE (city or town) Springerville
(State or country) Apache Co., Arizona

PARENTS

10. NAME OF FATHER Jacob Wesley Norton
11. BIRTHPLACE OF FATHER ? (city or town)
(State or country) Alabama
12. MAIDEN NAME OF MOTHER Celesta Marble
13. BIRTHPLACE OF MOTHER Salt Lake City (city or town)
(State or country) Utah

14. Informant Deceased's Mother
(Address)

15. Filed 4-10-26 J. G. Parkins M.D. Local Registrar.
Filed ..., 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 3/25/1926

17. I HEREBY CERTIFY, That I attended deceased from 3/24/, 1926 to 3/25/, 1926
that I last saw him alive on 3/24/, 1926
and that death occurred, on the date stated above, at 9A. m.
The CAUSE OF DEATH* was as follows:
Pneumonia
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Influenza
(duration) ... yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Fitz R. Winslow M. D.
3/25/ 1926 (Address) Hayden, 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 Hayden Winkelman Cemetery
DATE OF BURIAL Mch 26 1926
ADDRESS Winkelman Arizona

20. UNDERTAKER P. L. Hutton

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.