1477

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

State Index - - - - - No. 305V
County Registrar's - - No.
Local Registrar's - - - No.

PLACE OF DEATH

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

2. FULL NAME Celeftea Norton.

(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (month, day and year) Mar. 9th 1845

7. AGE: Years 78, Months 5, Days 11. IF LESS than 1 day ..... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) (State or country) Salt Lake City Utah

PARENTS

10. NAME OF FATHER Harvey Marbel
11. BIRTHPLACE OF FATHER (city or town) (State or country) New York state
12. MAIDEN NAME OF MOTHER Sylvia Rauley
13. BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14. Informant John Norton
(Address) Bowers Butte Pinal Co

15. Filed Sept 12, 1927 P. L. Hutton Local Registrar.
Filed ....., 19 County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug -21 1927

17. I HEREBY CERTIFY, That I attended deceased from 2 30 P.M. July 28th, 1927 to August 20th, 1927, that I last saw her alive on August 20th, 1927, and that death occurred, on the date stated above, at 2 30 P.M. The CAUSE OF DEATH* was as follows:
Cebreral Hemorrage

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Old age

(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?
(Signed) H. A. Collins, M. D.
19 (Address) 3608 Clifton St El Paso Texas

* 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~~ Winkelman
DATE OF BURIAL Aug 22nd 1927

20. UNDERTAKER Chas Gentry
P. L. Hutton.
ADDRESS Winkleman Ariz.