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BUREAU OF VITAL STATISTICS

# ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 123

Registered No. 128

1. PLACE OF DEATH

County Graham State

District or Township Safford or Village

City Safford No. or St., Ward

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

2. FULL NAME Norma Ann Walton

(a) Residence. No. Safford Ariz 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 14 yrs. 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 None

6. DATE OF BIRTH (month, day and year) June 2 1910

| 7. AGE Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 18 | 6 | 2 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Patoya (State or country) Okla.

PARENTS

10. NAME OF FATHER W. N. Walton

11. BIRTHPLACE OF FATHER Shelbina Co. (city or town) (State or country) Mo.

12. MAIDEN NAME OF MOTHER Nina Johnson

13. BIRTHPLACE OF MOTHER [redacted] (city or town) (State or country) Okla.

14. Informant W. N. Walton

(Address) Safford Ariz.

15. Filed Jan. 8, 1929 J. N. Stratton Registrar.

H.B.J.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 4 1928 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/3, 1928 to 12/4, 1928 that I last saw him alive on 12/4, 1928 and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH* was as follows:

Hiobetes Mellitus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) influenza

(duration) yrs. mos. 10 ds.

18. Where was disease contracted if not at place of death? Pearson, Ariz

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. N. Stratton M.D.

12/4/28 19 (Address) Safford 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 Safford Ariz

DATE OF BURIAL Dec. 6-28

20. UNDERTAKER W. C. Rawson

ADDRESS Safford

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, etc. But in many cases, Put in more specific statements of the nature of the business or industry in which the occupation is followed, if any, as Farm, Hospital, Publishing House, Building, Railroad, etc.

(Approved by U. S. Census and American Public Health Association)

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

"PUERPERAL septicemia," "PUERPERAL infection," etc. State cause for which last operation was undertaken. For VIOLENT DEATHS state MEANS and NATURE of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of

JAN 11 1929