9228

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.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. [illegible]

1. PLACE OF DEATH

County ~~Phoenix~~ Maricopa State Ariz Registered No. 82

Township ..... or Village ..... or

City Phoenix No. ..... St. ..... Ward

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

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.

2. FULL NAME George Irvy Norton

(a) Residence: No. 917 E Roma Ave St., ... Ward. ..... (If nonresident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Texas

FATHER

13. NAME Geo W Norton

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Margret Uzzell

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT W. B. Norton (Address) Phoenix Ariz

18. BURIAL, CREMATION, OR REMOVAL Place Mesa Cem Date July 10 1931

19. UNDERTAKER M. L. Gibbons (Address) Mesa Ariz

20. Filed July 16, 1931 Jess Meldrum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to July 8, 1931

I last saw him alive on July 8, 1931 death is said to have occurred on the date stated above, at 2 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Diverticulitis	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) Tempe Ariz

25M 5-1-31 MS-43280