

2157

MARGIN RESERVED FOR BINDING
N. B.—WRITE PENCILLY, 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.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH *Gila* State **ARIZONA** State File No. **86**
 County *Gila* Registered No. **50**
 Township *Cline* or Village _____ or
 City *Cline* No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 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 *D. O. Norton Jr.* How long in State when death occurred? *4* yrs. _____ mos. _____ ds.
 (a) Residence: No. *Cline Army* St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <i>Child</i>			21. DATE OF DEATH (month, day, and year) <i>4-30, 1934</i>	22. I HEREBY CERTIFY, That I attended deceased from <i>no</i> , 19____, to <i>April 30</i> , 19 <i>34</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					I last saw h. alive on <i>no</i> , 19____; death is said to have occurred on the date stated above, at <i>10 A</i> m.	
6. DATE OF BIRTH (month, day, and year)					The principal cause of death and related causes of importance were as follows:	
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	Date of Onset	
<i>4</i>					<i>Truck accident</i> <i>Inst.</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Child</i>					Other contributory causes of importance: <i>none</i>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year)					What test confirmed diagnosis? _____ Was there an autopsy? <i>no</i>	
11. Total time (years) spent in this occupation					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, <i>Accident</i> Date of injury <i>4/30, 1934</i> Where did injury occur? <i>Cline Gila County Ariz</i> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <i>Public place</i>	
12. BIRTHPLACE (city or town) (state or country) <i>Globe Ariz</i>					Manner of injury <i>Fall from moving truck</i> Nature of injury <i>Skull crushed by wheel</i>	
13. NAME <i>D. O. Norton</i>					24. Was disease or injury in any way related to occupation of deceased? <i>no</i>	
14. BIRTHPLACE (city or town) (State or country) <i>Okla</i>					If so, specify _____	
15. MAIDEN NAME <i>Thelma Eget</i>					(Signed) <i>J. Barker</i> M. D.	
16. BIRTHPLACE (city or town) (State or country) <i>Texas</i>					(Address) <i>C. C. F. 23-A Payson Ariz</i>	
17. INFORMANT (Address) <i>Walter Norton 1055 N. 13 road</i>						
18. BURIAL, CREMATION, OR REMOVAL Place <i>Rural Cem</i> Date <i>5-1, 1934</i>						
19. UNDERTAKER (Address) <i>Mills Mortuary Globe Ariz</i>						
20. File <i>May 12, 1934</i> <i>Arden Payne</i>						

20M 4-19-33 MS 48294 Form 3 Back of Certificate to be used for any Additional Information