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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.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. <u>238</u>	
1. PLACE OF DEATH		County <u>Marioppa</u> State <u>ARIZONA</u>		Register No. <u>568</u>			
Township <u>Seventh</u> or Village _____		City <u>Phoenix</u>		No. <u>Arizona State Hospital</u> 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 <u>10</u> yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.		How long in State where death occurred? <u>18</u> yrs. _____ mos. _____ ds.			
2. FULL NAME <u>W. B. Norton</u>		(a) Residence: No. <u>2130 W. Adams</u> St., _____		Ward <u>Phoenix</u> <u>Arizona</u>		(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>4-20-38</u> , 19__		22. I HEREBY CERTIFY, That I attended deceased from <u>4-18-38</u> , 19__, to <u>4-20-38</u> , 19__	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH (month, day, and year) <u>1-12-1897</u>		7. AGE		I last saw him alive on <u>4-20-38</u> , 19__; death is said to have occurred on the date stated above, at <u>4:00 A.M.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>gen. Construction</u>		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) <u>Clarrville, Texas</u>		13. NAME <u>W. Norton</u>		14. BIRTHPLACE (city or town) (State or Country) <u>Dallas</u>		The principal cause of death and related causes of importance were as follows:	
15. MAIDEN NAME <u>Margaret D'zelle</u>		16. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>		17. INFORMANT (Address) <u>State Hospital Records Phoenix, Arizona</u>		Date of Onset	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa Cem.</u> Date <u>4-22-38</u>		19. EMBALMER License No. <u>235-A</u> Signature <u>Stanley Clogg</u>		FUNERAL DIRECTOR <u>A. L. Moore & Sons</u> Address <u>Phoenix, Arizona</u>		Name of operation <u>none</u> Date of _____	
20. Filed <u>4-22</u> , 19 <u>38</u> <u>James H. Johnson</u> Registrar						What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>	
						23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>suicide</u> Date of injury <u>4-11</u> , 19 <u>38</u>	
						Where did injury occur? <u>Phoenix Arizona</u> (Specify city or town, county and State)	
						Specify whether injury occurred in industry, in home, or in public place. <u>at home</u>	
						Manner of injury <u>Cutting with a sharp instrument</u>	
						Nature of injury <u>Deep laceration of throat</u>	
						24. Was disease or injury in any way related to occupation of deceased? _____	
						If so, specify _____ (Signed) <u>Frederic W. Bair</u> M. D. (Address) <u>Arizona State Hospital</u>	