

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

63

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registrar's No. _____

1. Place of Death: (a) County GILA (b) City or Town MIAMI (c) Location Dr. Fulk's Office
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 1 week; In Arizona 5 7/8 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Arizona; (c) City or Town Clifton
(If outside city limits write RURAL)

(d) Street No. Box 264, Florence Ariz (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Mora Ellen Norris (b) If veteran name war _____ (c) Social Security No. None
(If NONE write the word)

4. Sex <u>Female</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
8. (b) Name of husband or wife <u>Douglas Norris</u>		6. (c) Age of husband or wife, if alive <u>28</u> yrs.
7. Birthdate of deceased <u>Nov 19 (1893) #883</u>		
8. AGE: Years <u>56</u>	Months <u>11</u>	Days <u>27</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Clifton Ariz</u>		(City, town or county) (State or Country)
10. Usual Occupation <u>Home wife</u>		
11. Industry or Business _____		
Father	12. Name <u>Henry J. Mel</u>	
	13. Birthplace <u>Unknown</u>	
Mother	14. Maiden Name <u>Annabelle Marica</u>	
	15. Birthplace <u>Unknown</u>	
16. (a) Informant's own signature <u>Douglas Norris Sr.</u>		
(b) Address <u>Box 264, Florence Ariz</u>		
17. (a) Burial, Cremation or Removal <u>Removal</u>		
(b) Place <u>Clifton</u> (c) Date <u>Jan 16 1940</u>		
18. (a) Embalmer's Signature <u>[Signature]</u>		
(b) Funeral Director <u>[Signature]</u>		
(c) Address <u>[Address]</u>		
19. (a) <u>Nov 16 40</u> (Date received local Registrar)		
(b) <u>Nelson D Brayton</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 16, 1940
TIME (Hour and minute) 11:30 AM M.

21. I hereby certify that I attended the deceased from 10/20/40 to 11/16/40
that I last saw er alive on 11/16/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High blood pressure more than 260. enlarged heart, endocarditis Chronic

Other conditions fat
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify kind of place)

While at work? _____ (c) Means of injury _____

23. Signature H. E. Fulk M.D.
Address 13 mi Arizona Date signed 11-16-40