

1245

101

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. 49

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 350 North Sutherland st
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 4 years; In Arizona 8 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. 350 North Sutherland St; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Lillie Ann 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>
6. (b) Name of husband or wife <u>J. H. Norris</u>		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>Jany. 28</u> <u>1867</u> (Month) (Day) (Year)		
8. AGE: Years <u>74</u>	Months <u>4</u>	Days <u>27</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>Beloit, Wisconsin</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Housewife</u>		
11. Industry or Business _____		
Father	12. Name <u>Rufus A. Barr</u>	
	13. Birthplace <u>New York</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Emma Cox</u>	
	15. Birthplace <u>England</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature J. H. Norris
(b) Address Globe, Arizona
17. (a) Burial, Cremation or Removal Removal
(b) Place Whittier, Calif Date 6/26/41
18. (a) Embalmer's Signature Fred H. Jones
(b) Funeral Director Fred H. Jones
(c) Address Globe, Arizona
19. (a) June 26, 1941
(Date received local Registrar)
(b) Jane Warshaw
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 25 1941
TIME (Hour and minute) 8:55 A.M.
21. I hereby certify that I attended the deceased from congestive heart failure
that I last saw him alive on June 25 1941
and that death occurred on the date and hour stated above.
Immediate cause of death congestive heart failure
Due to myocardial coronary thrombosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
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 type of place) _____
While at work? _____ Means of injury _____
23. Signature [Signature] M. D.
Address Globe, Ariz. Date signed 6/27/41

DURATION
2 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.