

4409

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State 110

Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila  
(If outside city limits also write RURAL) (St. & No. (or) Institution)  
Length of Stay: In Hospital or Institution 30 yrs.; In Community 30 yrs.; in Arizona 30 yrs.  
(Specify whether years, months or days)  
Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Globe  
(If outside city limits also write RURAL)  
Street No. Gila Co. Hospital (e) Citizen of foreign country No or No. 710  
If Yes, which country \_\_\_\_\_  
(a) FULL NAME Albert Norton (b) If Veteran name war No (c) Social Security None

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Unknown  
(Month) (Day) (Year)  
9. AGE: Years about 50 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Unknown  
(City, town or county) (State or Country)

10. Usual Occupation Electrician

11. Industry or Business Miami Cop Co.

12. Name Unknown  
13. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

14. Maiden Name Unknown  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital Records  
(b) Address \_\_\_\_\_

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pinal (c) Date Sept 30 1943

18. (a) Embalmer's Signature J. Neg Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz

19. (a) O.S. 6-43  
(Date received local Registrar)  
(b) Gene Wauvel  
(Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. \_\_\_\_\_ Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 30, 1943  
TIME (Hour and minute) 8:00 A.M.

21. I hereby certify that I attended the deceased from Sept 1-43  
to Sept 30, 1943  
that I last saw him alive on Sept 30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

DURATION 10 yrs.

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) None

(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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Byrne J. Brown M. D.  
Address Miami Ariz Date signed Oct 1-43

10-15-43