

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

7103

263

DEATH ID 33 RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Graham			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Mesa)	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA OR TOWN) 3 months 68 years	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Safford			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 165 East 1st Avenue		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) General Delivery			
ENT INAL 3 TA 18/1 4 151	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Clarissa	B. (MIDDLE) Roxana	C. (LAST) Norton	4. SEX Female	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 1 DAY 29 YEAR 70	8. AGE YEARS 81 MONTHS 10 DAYS 27	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None	
	14A. FATHER'S NAME Wilford Crocket	14B. BIRTHPLACE (STATE OR COUNTRY) Maine	15A. MOTHER'S MAIDEN NAME Mahala Reed	15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		
16. INFORMANT'S SIGNATURE Mrs. Clarissa Felshaw (dau) Mesa, Ariz.		ADDRESS Mesa, Ariz.	17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 26, 1951			
1500 ISE F TH 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral embolism ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arteriosclerosis DUE TO (c) senility II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)			
TH TO NAL NCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON 12-24-51 , AND THAT DEATH OCCURRED AT 11:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
CAL NER'S ATION	23A. SIGNATURE [Signature] (DEGREE OR TITLE)		23B. ADDRESS Mesa, Arizona	23C. DATE SIGNED 12-27-51		
	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 12-29-51	24C. NAME OF CEMETERY OR CREMATORY Pima Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima, Arizona		
RAL TOR 33 D RAR	25A. DATE REC'D BY LOCAL REG. 12-27-51	25B. REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary	ADDRESS Mesa, Arizona		
			27. EMBALMER'S SIGNATURE Ronald J. Meldrum	CERT. NO. 345A		