

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 109.

6657

1. PLACE OF DEATH
A. COUNTY Gila
C. CITY OR TOWN Globe IN CITY LIMITS OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).
A. STATE Arizona
C. CITY OR TOWN Globe IN CITY LIMITS OUTSIDE CITY LIMITS

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION
543 East Mesquite st.

D. STREET ADDRESS
543 East Mesquite st. (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Joseph Harry B. (MIDDLE) Norris C. (LAST) Norris
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION
543 East Mesquite st.

4. SEX male 5. COLOR OR RACE white

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
widowed

7. DATE OF BIRTH
MONTH Nov DAY 20 YEAR 1863

8. AGE (IN YEARS) IF UNDER 24 HRS. HOURS ** MIN. ** 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
ret- cattle salesman

9B. KIND OF BUSINESS OR INDUSTRY
cattle buyer

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Rockford, Illinois U.S.A.

11. CITIZEN OF WHAT COUNTRY?
no

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ****

13. SOCIAL SECURITY NO. unknown

14A. FATHER'S NAME
Thomas George Norris

14B. BIRTHPLACE (STATE OR COUNTRY)
England

15A. MOTHER'S MAIDEN NAME
Maria Carter

15B. BIRTHPLACE (STATE OR COUNTRY)
England

16. INFORMANT'S SIGNATURE
Joseph Harry Norris ADDRESS 543 East Mesquite st.

17. DATE (MONTH) (DAY) (YEAR)
November 12, 1953 at 2:00 a.m.

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
Myocardial Coronary Occlusion
(Anterior)
Heart disease

19A. DATE OF OPERATION
NO

19B. MAJOR FINDINGS OF OPERATION
NO

19C. (CITY OR TOWN) (COUNTY) (STATE)
NO

20. AUTOPSY?
YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
NO

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
NO

21C. (CITY OR TOWN) (COUNTY) (STATE)
NO

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)
NO

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?
NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)
NO

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
NO

21C. (CITY OR TOWN) (COUNTY) (STATE)
NO

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)
NO

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?
NO

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [DATE] TO [DATE] AND THAT DEATH OCCURRED ON [DATE] AT [TIME] M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
1953 2:00 a.m.

23A. SIGNATURE (DEGREE OR TITLE)
Joseph Harry Norris

23B. ADDRESS
Globe

23C. DATE, SIGNED
11/12/53

24A. BURIAL CREMATION REMOVAL
24B. DATE
Nov 13, 1953

24C. NAME OF CEMETERY OR CREMATORY
Rose Hill Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Whittier, California

25A. DATE REC'D BY LOCAL REG.
11-13-53

25B. REGISTRAR'S SIGNATURE
Jane Mander

26. FUNERAL DIRECTOR'S SIGNATURE
James Wacker

27. EMBALMER'S SIGNATURE
James Wacker

ADDRESS
Globe, Arizona

CERT. NO.
#323