

CERTIFICATE OF DEATH

REGISTRAR'S NO. 26

7 OF DEATH AND 71 RESIDENCE (-)	BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>Life</u> <u>Life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>				
	C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Vernon St.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>15 Vernon St. (Lower Miami)</u>		D. STREET ADDRESS						
CEDENT PERSONAL DATA 101	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Ellen</u> B. (MIDDLE) <u>Louise</u> C. (LAST) <u>Norris</u>			4. SEX <u>Fem.</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>			
	6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>24</u> YEAR <u>1952</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>1 Yr</u>		IF UNDER 1 YEAR MONTHS _____ DAYS _____		IF UNDER 24 HRS. HOURS _____ MIN. _____		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Infant</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		
CAUSE OF DEATH (EM 18)	14A. FATHER'S NAME <u>Lyman W. Norris</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Iowa</u>		15A. MOTHER'S MAIDEN NAME <u>Mildred Sibley</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mass.</u>		
	16. INFORMANT'S SIGNATURE <u>Lyman W. Norris</u>			ADDRESS <u>ARIZ</u> <u>Miami</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 9, 1954</u>					
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>2043</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Acute Leukemia -</u> DUE TO (B) _____ DUE TO (C) _____ 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		19C. 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) _____		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>5/9</u> , 19 <u>54</u> , TO <u>5/9</u> , 19 <u>54</u> , THAT I LAST SAW THE DECEASED <u>5:00</u> P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <u>D. J. Jones MD</u>		23B. ADDRESS <u>Tucson Ariz</u>		23C. DATE SIGNED <u>5/12</u>					
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>May 11, 1954</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>					
25A. DATE REC'D BY LOCAL REG. <u>5/14/54</u>		25B. REGISTRAR'S SIGNATURE <u>Paula Gonzalez Deputy</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Miller & Sons</u>		26. ADDRESS <u>2441 D</u>		27. EMBALMER'S SIGNATURE <u>W. J. Miller</u> CERT. NO. <u>2441 D</u>			