

9787

Arizona Territorial Board of Health
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

COUNTY OF MARICOPA
DISTRICT OF PHOENIX
TOWN
OR CITY OF PHOENIX

ORIGINAL CERTIFICATE OF DEATH
TERRITORIAL INDEX NO. **113**
COUNTY REGISTERED NO. **735**

NO. **230 No. 9th** ST. LOCAL REGISTRAR'S NO. **2098**
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME **Mrs. Lou Agnes Armstrong**

PERSONAL AND STATISTICAL PARTICULARS.

SEX **Female** COLOR or RACE White Indian Black Chinese Mexican SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH **Dec. 25** 19**12**
(Month) (Day) (Year)

AGE **27** yrs. mos. days hrs., or min.
If less than 1 day

OCCUPATION (a) Trade, profession or particular kind of work **Dressmaker**
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) **Illinois**

PARENTS NAME OF FATHER **John Parker**
BIRTHPLACE OF FATHER (State or country) **Missouri**
MAIDEN NAME OF MOTHER **Nichols**
BIRTHPLACE OF MOTHER (State or country) **Missouri**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Mrs Henderson**
(Address)

PLACE OF BURIAL OR REMOVAL **Chambers Road** DATE OF BURIAL OR REMOVAL **Sept. 18** 19**12**
UNDERTAKER **Wherryman & Hoyt** ADDRESS **Phoenix**

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **Sept. 17** 19**12**
(Month) (Day) (Year)

I hereby certify, that I attended deceased from **Sept 16** 19**12**; that I last saw him alive on **Sept 16** 19**12** and that death occurred on the date stated above at **2-9** A.M. The DISEASE or INJURY causing Death was as follows:

Pulmonary Tuberculosis

(Duration) **8** yrs. mos. days.
Was disease contracted in Arizona? **No**

If not, where? **Ill**

CONTRIBUTORY (Duration) yrs. mos. days.

(Signed) **W. W. Russell** M. D.
18th 19**12** (Address) **114 Adams**

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE At place of death **9** yrs. **9** mos. **4** ds. In Arizona **4** yrs. mos. ds.
Former or Usual Residence **Illinois**

Filed **9/18** 19**12** **W. W. Russell** Local Registrar.

Filed **10-7** 19**12** **H. H. Hughes** County Registrar.

If any item cannot be obtained insert the word "unknown." Make every effort possible to ascertain this information. Incorrect certificates will be returned for correction.