

2255

H. A. WATKINS PRINTING CO., PHOENIX

PLACE OF DEATH
 County Cochise
 District Wagon
 Town Wagon
 Or City Wagon

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF DEATH

State Index No. 29
 County Registered No. 512
 Local Registrar's No. _____

No. 1369-13 St. _____
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME W. W. Armstrong

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>M</u>	Color or Race White <u>X</u> Indian _____ Black Chinese _____ Mexican _____	SINGLE <u>X</u> MARRIED _____ WIDOWED _____ or DIVORCED _____	DATE OF DEATH <u>Aug 18</u> , 191 <u>9</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Aug 27</u> , 18 <u>64</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Aug 17</u> 191 <u>9</u> to <u>Aug 18</u> , 191 <u>9</u> ; that I last saw him alive on <u>Aug 18</u> , 191 <u>9</u> , and that death occurred on the date stated above at <u>8:25 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Cerebral Hemorrhage</u>		
AGE <u>54</u> yrs. <u>11</u> mos. <u>21</u> days If less than 1 day... hrs., or _____ min.			(Duration) _____ yrs. _____ mos. _____ days		
OCCUPATION (a) Trade, profession or particular kind of work <u>City</u> (b) General nature of industry, business, or establishment in which employed or (employer) <u>Dir. rept.</u>			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u>Iowa</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days (Signed) <u>H. Reese</u> 191 <u>9</u> (Address) _____		
PARENTS	NAME OF FATHER <u>Jack Armstrong</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF FATHER (State or country) <u>N. York</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.		
	MAIDEN NAME OF MOTHER <u>Harriet Haraway</u>		Former or Usual Residence <u>Wagon</u>		
BIRTHPLACE OF MOTHER (State or country) <u>N. York</u>		The Above is True to the Best of My Knowledge (Informant) <u>W. W. Armstrong</u> (Address) <u>Wagon</u>		Filed <u>8/19</u> 191 <u>9</u> <u>H. Reese</u> Local Registrar.	
PLACE OF BURIAL OR REMOVAL <u>Wagon</u>		DATE OF BURIAL OR REMOVAL <u>Aug 27</u> 191 <u>9</u>		County Registrar. <u>H. Reese</u>	
UNDERTAKER <u>Wagon</u>		ADDRESS <u>Wagon</u>			

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.