ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1809

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 812

1. PLACE OF DEATH
A. COUNTY MARICOPA
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN PHOENIX (RURAL)
C. LENGTH OF STAY IN THIS PLACE 6 mos IN ARIZONA 6 mos
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1220 E. CARROL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE OREGON
B. COUNTY MULTONOMA
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN PORTLAND
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 9305 No. SENECA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST) ADA J. SORENSEN

4. SEX ~~M~~ fe.

5. COLOR OR RACE White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH MONTH SEPT. DAY 1 YEAR 1911

8. AGE YEARS 40 MONTHS 6 DAYS 22

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 OWN HOME

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) OREGON

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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

13. SOCIAL SECURITY NO. NONE

14A. FATHER'S NAME THOMAS ARMSTRONG

14B. BIRTHPLACE (STATE OR COUNTRY) ILLINOIS

15A. MOTHER'S MAIDEN NAME LUCY HOLT

15B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN

16. INFORMANT'S SIGNATURE Lyon Sorensen husband ADDRESS SUNNYSLOPE

17. DATE OF DEATH (MONTH) MARCH (DAY) 23 (YEAR) 1952

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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Renal + Respiratory failure

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Pulmonary Tb terminal
DUE TO (c)

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 ☐ NO ☑

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

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

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 15, 1952, TO Mar. 23, 1952, THAT I LAST SAW THE DECEASED ALIVE ON March 15 1952, AND THAT DEATH OCCURRED AT 3:15 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) [signature] M.D.

23B. ADDRESS 315 E. Dunlap

23C. DATE SIGNED 3-28-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE Mar. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG. 3/28/52

25B. REGISTRAR'S SIGNATURE Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE Ross Ward Phx ADDRESS

27. EMBALMER'S SIGNATURE Don Ward CERT. NO. 288R

FORM VS 2 REV. 8-50 20M