ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6718

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 74

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 6 Yrs; IN ARIZONA: 6 Yrs
C. CITY OR TOWN: Morristown — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morristown Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Morristown — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 104

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): William
B. (MIDDLE): B
C. (LAST): Armstrong

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: April; DAY: 29; YEAR: 1876
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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): Retired Dentist
9B. KIND OF BUSINESS OR INDUSTRY: Dentist
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ky
11. CITIZEN OF WHAT COUNTRY? USA
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.: No
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Ky
15A. MOTHER'S MAIDEN NAME: Rebecca Cullum
15B. BIRTHPLACE (STATE OR COUNTRY): Ky
16. INFORMANT'S SIGNATURE: Mrs. Marie Johnsen — ADDRESS: Morristown Arizona
17. DATE OF DEATH — (MONTH): Nov; (DAY): 22; (YEAR): 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Mesenteric thrombosis, — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Volulus.
DUE TO (C) Oriental thrombosis, brain — 36 hrs
Cerebral arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Nervous abdominal distress

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1950, 19__, TO 1952, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 1952, 19__, AND THAT DEATH OCCURRED AT 4:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Floyd B. Brallier MD
22B. ADDRESS: Wickenburg, Arizona
22C. DATE SIGNED: 11.22.55

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY):
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.):
23C. (CITY OR TOWN) (COUNTY) (STATE):
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M:
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: R. L. Wentall
24B. ADDRESS: Box 794 Wickenburg Ariz.
24C. DATE SIGNED: 11/22/55

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11-26-55
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona

26A. DATE REC. BY LOCAL REG.: 11/27/55
26B. REGISTRAR'S SIGNATURE: H. H. Washburn
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385