ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3924

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 769

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN: Lifetime IN ARIZONA
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 522 W Rillito

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 522 W Rillito (IF RURAL, GIVE LOCATION) IF RESIDENCE ON A FARM YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Albert B. (MIDDLE) E C. (LAST) Armstrong
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 4 DAY 14 YEAR 07
8. AGE (IN YEARS LAST BIRTHDAY): 51 — 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): Printer
9B. KIND OF BUSINESS OR INDUSTRY: Newspaper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: ?
14A. FATHER'S NAME: Albert J. Armstrong
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Mary M. Epley
15B. BIRTHPLACE (STATE OR COUNTRY): Colorado
16. INFORMANT'S SIGNATURE: Mrs. Margaret Shay ADDRESS: 812-11st. Douglas, Ariz.
17. DATE OF DEATH: (MONTH) May (DAY) 20 (YEAR) 1958

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 CONDITION DIRECTLY LEADING TO DEATH*: (A) Chronic alcoholism — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM seen after death 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John Hinds (DEGREE OR TITLE) MD
22B. ADDRESS: 1641 N Tucson Blvd
22C. DATE SIGNED: 21 May 8

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Cause
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) A.M. P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: Roman C. Green
24B. ADDRESS: Pima Cor. Office
24C. DATE SIGNED: 5/21/58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: May 22, 1958
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC. BY LOCAL REG.: 5-24-58
26B. REGISTRAR'S SIGNATURE: Charlotte Foley Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Leo Carillo
27B. ADDRESS: Tucson Mortuary
28. EMBALMER'S SIGNATURE: Cecil R Green
28B. EMBALMER'S CERT. NO.: 1864

FORM VS-2 REV. 9-18-5

CE OF DEATH AND S2 L RESIDENCE

DECEDENT PERSONAL DATA

CAUSE OF DEATH (ITEM 18)

ERATIONS, UTOPSY

MEDICAL TIFICATION

ONER'S IFICATION

UNERAL RECTOR AND GISTRAR