ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

485

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. ____
Registrar's No. 10

1. Place of Death: (a) County Yuma (b) City or Town Parker (If outside city limits write RURAL) (c) Location River Hospital (St. & No. (or) Name of Institution) Colorado

(d) Length of Stay: In Hospital or Institution 16 days; In Community 1 yr. 9 days; In Arizona 1 yr. 9 days (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Rural (If outside city limits write RURAL)

(d) Street No. Colorado River Indian Agency; (e) If foreign born, in U. S. A. ____ yrs.

3. (a) FULL NAME Andreoli Armstrong (b) If veteran name war ____ (c) Social Security No. none (If NONE write the word)

4. Sex: Male
5. Color or Race: 4/4 Mohave Indian
6. (a) Single, married, widowed or divorced: Single
6. (b) Name of husband or wife: ----
6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased August 20th, 1938 (Month) (Day) (Year)

8. AGE: Years: one; Months: nine; Days: eleven; If less than one day: hrs. ____ min. ____

9. Birthplace Parker, Arizona (City, town or county) (State or Country)

10. Usual Occupation: None

11. Industry or Business: None

Father
12. Name: Virgil Armstrong
13. Birthplace: Parker, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name: Fanny Smith
15. Birthplace: Parker, Arizona (City, town or county) (State or Country)

16. (a) Informant's own signature: hospital records
(b) Address ____

17. (a) Burial, Cremation or Removal: Burial
(b) Place: Parker (c) Date: June 8 19 40

18. (a) Embalmer's Signature ____
(b) Funeral Director: Parente
(c) Address ____

19. (a) June 7th, 1940 (Date received local Registrar)
(b) J. B. Roberts (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 1st, 19 40;
TIME (Hour and minute) 4:15 P.M. M.

21. I hereby certify that I attended the deceased from May 16th, 19 40 to June 1st, 19 40; that I last saw him alive on June 1st, 19 40; and that death occurred on the date and hour stated above.

Immediate cause of death: Whooping Cough — DURATION: May 1940
Broncho pneumonia — May 1940
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____
Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or Town) (County) (State) ____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) ____
While at work? ____ (e) Means of injury ____

23. Signature: Jack L. Troupin M.D.
Address: Parker, Arizona Date signed: June 2, 1940