[redacted]

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 401
Registrar's No. 18

1. Place of Death: (a) County Navajo (b) City or Town Winslow (If outside city limits also write RURAL) (c) Location On Santa Fe #24 (Train) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Gone; In Community Gone (Specify whether years, months or days); in Arizona Gone

2. Usual Residence of Deceased: (a) State Texas; (b) County Gregg; (c) City or Town Kilgour (If outside city limits also write RURAL)

(d) Street No.; (e) Citizen of foreign country (yes or No); If Yes, which country

3. (a) FULL NAME Lafayette Armstrong (b) If Veteran name war World #1 Social Security No. None (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife: John M. Armstrong

6. (c) Age of husband or wife, if alive 42 yrs.

7. Birthdate of deceased July 17, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	7	4	hrs. min.

9. Birthplace St. Louis, Mo (City, town or county) (State or Country)

10. Usual Occupation Cafe owner

11. Industry or Business

Father: 12. Name Lafayette Armstrong; 13. Birthplace Unknown (City, town or county) (State or Country)

Mother: 14. Maiden Name Hettie Haultse; 15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's Signature Mrs John M Armstrong (b) Address Box 1101, Kilgour, Texas

17. (a) Burial, Cremation or Removal Removal (b) Place Kilgour, Tex (c) Date 2-22, 19 43

18. (a) Embalmer's Signature J. C. Scott (b) Funeral Director Scott & McMillan (c) Address Winslow, Arizona

19. (a) 2-22-43 (Date received local Registrar) (b) [illegible] (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 2-22, 19 43; TIME (Hour and minute) 10,30 P. M.

21. I hereby certify that I attended the deceased from 2-21-43, 19 to 2-21-43, 19 43; that I last saw him alive on 2-21-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Cardiac failure	few hrs
Due to Myelogenous Leukemia	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] M. D.
Address Winslow, Ariz Date signed 2-22-43