

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 34

Registrar's No. 120

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

(d) Length of Stay: In Hospital or Institution 6 HOURS; In Community 20 HRS; in Arizona 20 HRS  
(Specify whether years, months or days)

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

(d) Street No. 1414-7th AVE.; (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Mary Margaret Armstrong (b) If Veteran No name war (c) Social Security No. 18-11-1111

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

6. (b) Name of husband or wife Albert J. Armstrong 6. (c) Age of husband or wife, if alive 3 yrs.

7. Birthdate of deceased December 6th 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 5 If less than one day hrs. min.

9. Birthplace Amusa, Colorado  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business

Father { 12. Name John Wesley Reley

13. Birthplace North Carolina  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Josephine Adams

15. Birthplace Un known  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Margaret S Ray

(b) Address 716-E-Mabel St, Tucson, Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Douglas, Ariz (c) Date 7-14-43

18. (a) Embalmer's Signature Howard Ames

(b) Funeral Director WALTER J. AMES

(c) Address Douglas, Arizona

19. (a) July 14-43  
(Date received local Registrar)

(b) Bedford Johnson  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 14, 1943  
TIME (Hour and minute) 7:15 P.M.

21. I hereby certify that I attended the deceased from July 11th, 1943 to July 11, 1943  
that I last saw him alive on July 11, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death 2nd + 3rd degree Burns of face, head, chest, back, abdomen, and thighs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) 1st explosion of house

(b) Date of occurrence July 11-43

(c) Where did injury occur? Douglas Cochise Co, Ariz  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? no (a) Means of injury above

23. Signature H. Williams M. D.  
Address \_\_\_\_\_ Date signed 7-14-43

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically