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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 206  
Registrar's No. 1978

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 1308 E. Adams (Rear)  
(If outside city limits also write RURAL) (St. & No. (6r) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 1 1/2 Years; in Arizona 1 1/2 Years  
(Specify whether years, months or days)

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

(d) Street No. 1308 E. Adams (Rear) (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_

3. (a) FULL NAME Caldonia Armstrong (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife George Armstrong 6. (c) Age of husband or wife, if alive 55 yrs.

7. Birthdate of deceased Dec. ? 1909  
(Month) (Day) (Year)

8. AGE: Years 33 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jasper, Texas  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

Father { 12. Name Sam Galloway

13. Birthplace Pleasant Hill, Texas  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Lizzie Jenkins

15. Birthplace Bleakwood, Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Geo. Armstrong

(b) Address \_\_\_\_\_

17. (a) Burial, Cremation or Removal Burial

(b) Place Greenwood (c) Date Sept 16, 1947

18. (a) Embalmer's Signature Henry J. Roman

(b) Funeral Director Eastlawn Mortuary

(c) Address 1641 E. Jefferson

19. (a) \_\_\_\_\_ (Date received local Registrar)

(b) Dr. Carl J. Hughes (Registrar's Signature)

20M 100% Rag 8-42 B. Co. County File No. M.M. Date Received \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 12, 1947  
TIME (Hour and minute) 4:30 A. M.

21. I hereby certify that I attended the deceased from at mortuary to 9-12-47  
that I last saw him alive on 9-12- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to myocardial degenerative changes

Due to pneumonia about a month ago

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) \_\_\_\_\_

(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 Dr. Carl J. Hughes M. D.

Address COUNTY ATTORNEY'S OFFICE Date signed 9-16-47

MARICOPA COUNTY, ARIZONA

DURATION \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically