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19

State File No.

Registrar's No. 71

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

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

(d) Length of Stay: In Hospital or Institution 2 days (Specify whether years, months or days); In Community 50 yrs.; In Arizona 50 yrs.

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. 700 F. Ave.

(e) Citizen of foreign country (Yes or No) No If Yes, which country

(b) If Veteran name war -

(c) Social Security No. None

3. (a) FULL NAME Albert J. Armstrong

4. Sex Male

5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife

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

7. Birthdate of deceased January (Month) 14 (Day) 1879 (Year)

8. AGE: Years 67 Months 3 Days 25 If less than one day hrs. ....min....

9. Birthplace Pierce City, Missouri (City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business

Father { 12. Name John B. Armstrong
13. Birthplace Atlantic Ocean coming from (City, town or county) (State or Country)

Mother { 14. Maiden Name Margaret Houtz
15. Birthplace Unknown Iowa (City, town or county) (State or Country)

16. (a) Informant's own signature Albert E. Armstrong
(b) Address Son-Citizen, Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 5/11/46

18. (a) Embalmer's Signature Gordon Brown
(b) Funeral Director Brown-Page Mortuary
(c) Address Douglas, Arizona

19. (a) May 10 - 1946 (Date received Local Registrar)
(b) Ee Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 5/9/46, 19....;
TIME (Hour and minute) 5:30 A. M. M.

21. I hereby certify that I attended the deceased from May 7, 19 46; that I last saw him alive on May 8, 19 46; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — DURATION 2 days

Due to generalized arteriosclerosis — 15 yrs.

Due to

Other conditions (Include pregnancy within three months of death) Ireland

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 R. E. Montgomery M. D.
Address Douglas, Ariz. Date signed 10 May 46

40M—100% Rag—6-10-44