2060

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. 31
Registrar's No. 70

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location I40I I2th St (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution - ; In Community 43 years ; In Arizona 58 years (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz. ; (b) County Cochise ; (c) City or Town Douglas (If outside city limits also write RURAL)
(d) Street No. I40I I2th St. (e) Citizen of foreign country (Yes or No) no
If Yes, which country
3. (a) FULL NAME Frank Ulysses Armstrong (b) If veteran name war (c) Social Security No. 700-I2-6543

4. Sex Male
5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband or wife Essie D.
6. (c) Age of husband or wife, if alive 70 yrs.
7. Birthdate of deceased Mar (Month) I8 (Day) I869 (Year)
8. AGE: Years 78 Months 0 Days 20 If less than one day hrs. min.
9. Birthplace Memphis (City, town or county) Missouri (State or Country)
10. Usual Occupation Retired
11. Industry or Business
Father 12. Name John Armstrong
13. Birthplace Unknown (City, town or county) Ky. (State or Country)
Mother 14. Maiden Name Margaret Hotz
15. Birthplace Unknown (City, town or county) - (State or Country)
16. (a) Informant's own signature Lowell A. Martin
(b) Address Beneria, Calif.
17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 4-II-47
18. (a) Embalmer's Signature Gordon Brown
(b) Funeral Director Brown-Page
(c) Address Douglas, Ariz.
19. (a) April 11 - 1947 (Date received Local Registrar)
(b) E. W. Adamson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4-8-47, 19__;
TIME (Hour and minute) I:47 AM M.
21. I hereby certify that I attended the deceased from 4/8, 1947 to 4/8, 1947
that I last saw her alive on 4/8/47, 19__;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Due to Arterio-sclerosis
Due to
Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations
Of autopsy

DURATION 15 minutes

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 [signature] M.D.
Address Douglas Ariz. Date signed 4/8/47

40M—100% Rag—1-47