

2393

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 99
Registrar's No. 85
Globe Co Hospital
(St. & No. (or) Name of Institution)
10 yrs
Globe
(If outside city limits also write RURAL)
none
(If NONE write the word)
Security No.

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Globe Co Hospital
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 14 days; In Community 10 yrs; in Arizona 10 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
(If outside city limits also write RURAL)
(d) Street No. Barnatti St.
(e) Citizen of foreign country (yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Isac Massey (b) If Veteran name war _____
4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased Jan. 12 1875
(Month) (Day) (Year)
8. AGE: Years 67 Months 8 Days _____ If less than one day hrs. _____ min. _____
9. Birthplace Frankton Ohio
(City, town or county) (State or Country)
10. Usual Occupation Miner
11. Industry or Business _____
12. Name _____
13. Birthplace _____
(City, town or county) (State or Country)
14. Maiden Name _____
15. Birthplace _____
(City, town or county) (State or Country)
16. (a) Informant's own signature _____
(b) Address _____
17. (a) Burial, Cremation or Removal Burial
(b) Place Globe (c) Date Aug. 13 1942
18. (a) Embalmer's Signature J. W. Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Globe Ariz
19. (a) August 16-42
(Date received local Registrar)
(b) Irene Wavalle
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 6 1942
TIME (Hour and minute) _____ M.
21. I hereby certify that I attended the deceased from July 22, 1942 to August 6, 1942; that I last saw him alive on August 5, 1942; and that death occurred on the date and hour stated above.
Immediate cause of death Hodgkins Disease
Due to cause unknown
Due to _____
Other conditions Arteriosclerosis, generalized
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
DURATION about 2 years
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 W. E. Clark, M.D. M. D.
Address Globe, Arizona Date signed 8-11-42