

1595

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 70

Registrar's No. 34

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

(d) Length of Stay: In Hospital or Institution 12/4/39; In Community 27 Years; In Arizona 27 Years
(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. _____ (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME Ignace J. Massey (b) If Veteran name war 1314 (c) Social Security No. None

4. Sex Male 5. Race White 6. (a) Single, married, widowed or divorced Single
White Indian Negro Oriental

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

7. Birthdate of deceased June 13 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 10 If less than one day
hrs. _____ min. _____

9. Birthplace Fall River Mass.
(City, town or county) (State or Country)

10. Usual Occupation Produce Merchant.

11. Industry or Business _____

12. Name Louis Masse

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

14. Maiden Name Aurole Berrare

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

16. (a) Informant's own signature George Evans.

(b) Address Globe Arizona.

17. (a) Burial, Cremation or Removal Globe Cemetery

(b) Place Globe Ariz. (c) Date 3/11 1944

18. (a) Embalmer's Signature Fred H. Jones

(b) Funeral Director Fred H. Jones.

(c) Address Globe Arizona.

19. (a) March 20 - 44
(Date received Local Registrar)

(b) June Wausche
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 23rd. 1944
TIME (Hour and minute) 4 P.M. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1944 to Feb. 23, 1944
that I last saw him alive on Feb. 23, 1944

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

Immediate cause of death _____

Uremia, resulting from
Due to arterio-sclerosis and
chronic nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

about 10 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.C. Harper M. D.

Address Globe, Ariz. Date signed 3-13-44