

1331

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

85

State File No.

Registrar's No. 39

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

(d) Length of Stay: In Hospital or Institution hours; In Community 5 days; in Arizona 5 days  
(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) \_\_\_\_\_

3. (a) FULL NAME Betty Jean Massingill (b) If Veteran name was No (c) Social Security No. No

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

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

7. Birthdate of deceased Dec. 12th 1943  
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 11 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual Occupation \_\_\_\_\_

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

Father { 12. Name Alvin R. Massingill

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

Mother { 14. Maiden Name Ruth Mae Hunter

15. Birthplace Tularosa, New Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Alvin R. Massingill

(b) Address C/O S. P. Co. Globe, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Globe, Arizona Date 4/27/45

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

(b) Funeral Director Fred H. Jones

(c) Address Globe, Arizona

19. (a) May 2-45  
(Date received local Registrar)

(b) Gene Wausche  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 23rd, 1945  
TIME (Hour and minute) 2:30 AM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to poison self taken - Unknown poison

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION  
  
  
  
  
  
  
  
  
  
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) Accident

(b) Date of occurrence April 23, 1945

(c) Where did injury occur? Globe Gila Arizona  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? no (e) Means of injury poison self taken

23. Signature Gayle White Coroner XXX  
Address Globe, Arizona Date signed 4-27-45