

2211

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

326

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____

Registrar's No. 227

18 E. 2nd Ave.,
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location _____
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution Home; In Community 30 yrs; In Arizona 30 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)

(d) Street No. 18 East 2nd Ave.; (e) Citizen of foreign country (Yes or No) NO

3. (a) FULL NAME Asa Alonzo MASSEY (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex <u>Male</u>	5. Race White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Negro <input type="checkbox"/> Oriental <input type="checkbox"/>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Della E.</u>		6. (c) Age of husband or wife, if alive <u>71</u> yrs.
7. Birthdate of deceased <u>August 17 1874</u> (Month) (Day) (Year)		
8. AGE: Years <u>72</u> Months <u>4</u> Days <u>5</u> If less than one day hrs. _____ min. _____		
9. Birthplace <u>Cleveland, Arkansas</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Retired Carpenter</u>		
11. Industry or Business _____		
Father	12. Name <u>James Massey</u>	
	13. Birthplace <u>Georgia</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Rachel Reed</u>	
	15. Birthplace <u>no record</u> (City, town or county) (State or Country)	

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 22, 1946
TIME (Hour and minute) 1:00 P.M.

21. I hereby certify that I attended the deceased from Oct 13, 1946 to Dec 9, 1946;
that I last saw him alive on Dec 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to cerebral thrombosis

Due to Cerebral arteriosclerosis

Other conditions hypertension (arterial)
(Include pregnancy within three months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION	<u>12:19:14</u>
	<u>11/23/46</u>
	<u>3</u>
	<u>2</u>
PHYSICIAN	
Underline the cause to which death should be charged statistically	

16. (a) Informant's own signature Mrs Della E. Massey
(b) Address 18 East 2nd Ave., Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa Cemetery (c) Date 12-26-46

18. (a) Embalmer's Signature Raymond E. Clark
(b) Funeral Director M. J. Gibbons
(c) Address 33 N. Sirrine St., Mesa, Arizona

19. (a) Dec 28, 1946
(Date received Local Registrar)
(b) J. M. [Signature]
(Registrar's Signature)

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 Walter H. Wall M. D.
Address Mesa, Ariz Date signed 12-28-46