

2472

SOCIAL SECURITY NO.

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 222

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Maricopa State: ARIZONA Registered No. 64
Township: Mesa or Village:
City: Mesa No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

Length of residence in city or town where death occurred: 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Eliza May Millet How long in State when death occurred: 46 yrs. 4 mos. 23 ds.

(a) Residence: Mesa, Arizona (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED: Married

5a. If married, widowed, or divorced HUSBAND of: Alma Wesley Millet (or) WIFE of:

6. DATE OF BIRTH (month, day, and year): Nov. 28, 1893

7. AGE: Years: 46 Months: 4 Days: 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: Snowflake

12. BIRTHPLACE (city or town) (State or Country): Arizona

13. NAME: Edward Milo Webb

14. BIRTHPLACE (city or town) (State or Country): Missouri

15. MAIDEN NAME: Sarah Elizabeth Carling

16. BIRTHPLACE (city or town) (State or Country): Utah

17. INFORMANT: Alma Wesley Millet (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL Place: Mesa, Arizona Date: 4-21-40, 19

19. EMBALMER License No. 223-A Signature: E. W. Darbell

FUNERAL DIRECTOR: Haldan Hartman (Address) Mesa, Arizona

20. Filed: 5/2/40, 19 Registrar: P. J. Seker, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Apr. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to Apr. 18, 1940. I last saw h.v. alive on Apr. 15, 1940; death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows: Date of Onset

Cardio-Renal Disease May 20 1939

Other contributory causes of importance: Bronchitis Apr. 10 1940 Hypostatic Pneumonia

Name of operation: Date of: What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: (Signed) Dr. P. J. Seker, M.D. (Address) Mesa, Ariz.

MARGIN RESERVED FOR BINDING N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.