

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 70

Registrar's No. 4

1. Place of Death: (a) County Sila (b) City or Town Rural (c) Location Haught Saw Mill
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution None; In Community None; In Arizona Unknown
(Specify whether years, months or days)

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

(d) Street No. Star Valley, Payson, Arizona; (e) If foreign born, in U. S. A. None

3. (a) FULL NAME Jesse Edward Mill (b) If veteran name war None (c) Social Security No. 519-05-5635
(If NONE write the word)

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

6. (b) Name of husband or wife Mrs. Regina Wendell Mill 6. (c) Age of husband or wife, if alive 37 yrs.

7. Birthdate of deceased June 22 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 14 If less than one day hrs. min.

9. Birthplace Sealing, Okla.
(City, town or county) (State or Country)

10. Usual Occupation Saw Mill Operator

11. Industry or Business

12. Name C. C. Mill

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

14. Maiden Name Eva Scott

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

16. (a) Informant's own signature Chas. Mill

(b) Address Young Ariz.

17. (a) Burial, Cremation or Removal Removal

(b) Place Miami, Ariz. (c) Date Feb 6 1943

18. (a) Embalmer's Signature W. J. Waterman

(b) Funeral Director W. J. Waterman

(c) Address Miami, Arizona

19. (a) Feb 10, 1943
(Date received local Registrar)

(b) Wm. C. Haley
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) February 6, 1943
TIME (Hour and minute) 2 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

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

Immediate cause of death Crushed By Truck

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence February 6, 1943

(c) Where did injury occur? Haught Saw Mill
(City or town) (County) (State)

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

While at work? Yes (e) Means of injury Crushed by Truck

23. Signature Wm. C. Haley, Coroner M. D.
Address By G. D. G. Date signed February 6-4

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.