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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 110

Registrar's No. 25

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 427 So. Newell (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Home; In Community 56 Yrs (Specify whether years, months or days); in Arizona 56 Yrs.

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. 427 So. Newell, Mesa, Arizona; (e) Citizen of foreign country (yes or No) No If Yes, which country

3. (a) FULL NAME Loretta Susanna Millett (b) If Veteran name war — (c) Social Security No. None

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

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

7. Birthdate of deceased Jan. 3, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	0	28	hrs. ....min.

9. Birthplace Layton, Utah (City, town or county) (State or Country)

10. Usual Occupation Home

11. Industry or Business

Father: 12. Name Robert L. Williams
13. Birthplace Kentucky (City, town or county) (State or Country)

Mother: 14. Maiden Name Hannah H. Harmon
15. Birthplace Kaysville, Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Perry E. Millett
(b) Address Mesa, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Arizona (c) Date 2/3/43 19..

18. (a) Embalmer's Signature [illegible]
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) Feb. 3, 1943 (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb. 1, 1943, 19..;
TIME (Hour and minute) 5 a.m. 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 Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION
1 hr.

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 [illegible] M. D.
Address Mesa, Ariz. Date signed 2-2-43

20M 100% Rag 8-42 B. Co. County File No. ..... Date Received .....