

CERTIFICATE OF DEATH

BIRTH NO. 4 OF DEATH AND RESIDENCE 79 6	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE A. STATE ARIZONA		REGISTRAR'S NO. 12
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Gila		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Superior		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS (OR LOCATION) INSTITUTION 3 miles West of Miami Hwy 60-70		D. STREET ADDRESS 401 B		(IF RURAL, GIVE LOCATION) Ave.	
3. NAME OF DECEASED A. (FIRST) Ray		B. (MIDDLE) M		C. (LAST) Romero	
4. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Apr 15 1933 18		8. AGE YEARS MONTHS DAYS 18 8 21	
9B. KIND OF BUSINESS OR INDUSTRY LABORER		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA		11. CITIZEN OF WHAT COUNTRY U.S.A.	
14A. FATHER'S NAME Ernesto Romero		14B. BIRTHPLACE (STATE OR COUNTRY) ARIZONA		15A. MOTHER'S MAIDEN NAME Armidia Miranda	
16. INFORMANT'S SIGNATURE Ernesto Romero		ADDRESS Superior Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 6th 1952	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAIL, URE. ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Auto accident			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT (SPECIFY) Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway		21C. (CITY OR TOWN) (COUNTY) (STATE) Miami Gila Ariz	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) Jan 4 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/> INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19 _____ TO _____ 19 _____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19 _____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE John Carpenter - Coroner					
23B. ADDRESS (DEGREE OR TITLE) Miami Ariz					
23C. DATE SIGNED Jan 9th 1952					
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> LOCAL REG.		24B. DATE Jan 9th 1952		24C. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
25A. DATE REC'D BY LOCAL REG. Feb 1952		25B. REGISTRAR'S SIGNATURE Aronson Boyton		26. FUNERAL DIRECTOR'S SIGNATURE Hansel J. Smith	
25C. ADDRESS 152		26. ADDRESS Superior Ariz		27. REGISTRAR'S SIGNATURE 1. H. H. Maltz	
28. ADDRESS 8164		29. ADDRESS 152		30. ADDRESS 152	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					