ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8479

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 297

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 3 yrs; IN ARIZONA: 46 yrs
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 356 So. Hobson

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 356 So. Hobson

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Emma B. (MIDDLE) Romney C. (LAST) Eyring
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 7 DAY: 23 YEAR: 84
8. AGE (IN YEARS LAST BIRTHDAY): 73 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Miles Park Romney
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Catherine Jane Cottam
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Mrs Ruth Williams — ADDRESS: Tempe, Arizona
17. DATE OF DEATH — (MONTH) 12 (DAY) 18 (YEAR) 57

CAUSE OF DEATH (ITEM 18)

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 FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 12 mos

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. arterio-sclerotic heart disease — 10 yrs

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 6-20-57
19B. MAJOR FINDINGS OF OPERATION: Multiple myeloma. (Southside District Hospital)
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-5, 1952 TO 12-18-57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 12-18, 1957, AND THAT DEATH OCCURRED AT 9 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
23B. ADDRESS: 106 W. 5th St. Tempe
23C. DATE SIGNED: 12/20/57

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 12-21-57
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona
25A. DATE REC'D BY LOCAL REG.: 12-20-57
25B. REGISTRAR'S SIGNATURE: [signature]
26. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: Mesa, Ariz.
27. EMBALMER'S SIGNATURE: R. H. Daybell — CERT. NO. 228A

FORM VS 2 REV. 1-1-53

MELDRUM MORTUARY & CHAPEL