

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY GREENLEE	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE ARIZONA B. COUNTY GREENLEE	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) DUNCAN	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN DUNCAN
D. FULL NAME OF HOSPITAL OR INSTITUTION RR Road		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) PO Box 76
3. NAME OF DECEASED A. (FIRST) DORA B. (MIDDLE) BELEE C. (LAST) ROMNEY		
4. SEX FEMALE	5. COLOR OR RACE WHITE	
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Aug DAY 30 YEAR 1886	8. AGE YEARS 64 MONTHS 10 DAYS 12
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). HOUSEWIFE	9B. KIND OF BUSINESS OR INDUSTRY	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ANA BELLE, UTAH	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO
13. SOCIAL SECURITY NO. no not known	14A. FATHER'S NAME JOSEPH B JACKSON	14B. BIRTHPLACE (STATE OR COUNTRY) ENGLAND
15A. MOTHER'S MAIDEN NAME MARY EMILY BEERSTED	15B. BIRTHPLACE (STATE OR COUNTRY) UTAH	
16. INFORMANT'S SIGNATURE E. V. Romney Duncan		
17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 13 1951	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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRAICTED.	
MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Impacted Infarction Antecedent Causes MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arteriosclerosis in heart DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate 2 Months
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION No Operation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1 1951 TO July 12 1951 . THAT I LAST SAW THE DECEASED ALIVE ON July 11 1951 AND THAT DEATH OCCURRED AT 6 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE (DEGREE OR TITLE) D E Nelson M.D.		23B. ADDRESS Duncan, Arizona
23C. DATE SIGNED 7/13/51		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE July 14, 1951	24C. NAME OF CEMETERY OR CREMATORY DUNCAN CEMETERY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) DUNCAN, ARIZONA		
25A. DATE REC'D BY LOCAL REG. 7/13/1951	25B. REGISTRAR'S SIGNATURE E V Romney	26. FUNERAL DIRECTOR'S SIGNATURE Townson ADDRESS SAFFORD, ARIZ
27. EMBALMER'S SIGNATURE Townson		CERT. NO. 251