ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6237

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 13

06 DEATH 12 D SIDENCE

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Duncan
C. LENGTH OF STAY IN THIS PLACE: 35 IN ARIZONA: 35
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): —

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Greenlee
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Duncan Ariz
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): —

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ERNEST
B. (MIDDLE): VAN
C. (LAST): ROMNEY

4. SEX: M.
5. COLOR OR RACE: N.

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Oct DAY 11 YEAR 1877
8. AGE: YEARS 73 MONTHS 11 DAYS 16
IF UNDER 24 HOURS: HOURS — MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): —

9B. KIND OF BUSINESS OR INDUSTRY: Gro. Salesman
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.
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.

14A. FATHER'S NAME: Miles Romney
14B. BIRTHPLACE (STATE OR COUNTRY): Ill.
15A. MOTHER'S MAIDEN NAME: ~~Elenor Parks~~ Hannah W. Hill
15B. BIRTHPLACE (STATE OR COUNTRY): England.

16. INFORMANT'S SIGNATURE: Ethelyn Rawson
ADDRESS: Safford. Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Sept 27-51

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Coronary arteriosclerosis — 3 mos.
DUE TO (c) Cardiac decompensation — 3 mos

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: —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY): none
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): none
21C. (CITY OR TOWN) (COUNTY) (STATE): none
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): none M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? none

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-11 1951 TO 9-21 1951 THAT I LAST SAW THE DECEASED ALIVE ON 9-21 1951 AND THAT DEATH OCCURRED AT 7:00 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Harold D. Padgett M.D.
23B. ADDRESS: Nelson Clinic
23C. DATE SIGNED: 9/28/51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Sept 29-51
24C. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan Ariz

25A. DATE REC'D BY LOCAL REG.: 11-30-51
25B. REGISTRAR'S SIGNATURE: M. Danschau Jr.
26. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson
ADDRESS: Safford.
27. EMBALMER'S SIGNATURE: W. C. Rawson
CERT. NO. 116A.

90636