

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

34-060433

286

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTERED NO.

1 PLACE OF DEATH CITY OR TOWN AND COUNTY
Los Angeles
RURAL DISTRICT OF
Pasadena

STREET AND NO. **1170 Rubio, Altadena Pr.**
IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.

2 FULL NAME **ROMER C. GREY**
RESIDENCE IN **1170 Rubio**

IF NON-RESIDENT, GIVE
ST. CITY OR TOWN, AND STATE

3 SEX **male**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) **married**

22. DATE OF DEATH **November 8, 1934**
MONTH DAY YEAR

5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE
Rebecca D. Grey

23. MEDICAL CERTIFICATE OF DEATH

24. CORONER'S CERTIFICATE OF DEATH

I HEREBY CERTIFY, THAT I ATTENDED
DECEASED FROM **2-12-1914**
TO **Nov. 8-1934**

I HEREBY CERTIFY, THAT I TOOK CHARGE
OF THE REMAINS DESCRIBED ABOVE, HELD

6. DATE OF BIRTH **April 8, 1875**
MONTH DAY YEAR

THAT I LAST SAW HIM **live** ALIVE
ON **Nov. 8-1934**
AND THAT DEATH OCCURRED ON THE
ABOVE STATED DATE AT THE HOUR OF
3:50 P.

AN INQUEST, AUTOPSY OR INQUIRY
THEREON, AND FROM SUCH ACTION FIND
THAT SAID DECEASED CAME TO HIS
DEATH ON THE DATE STATED ABOVE

7. **59** YEARS **7** MO. **0** DAYS
IF LESS THAN ONE DAY HRS. MIN.

8. OCCUPATION **Business manager**
9. **Private estate**
10. **10x0** IN THIS OCCUPATION **12**

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF
ONSET, WERE AS FOLLOWS

Acute Myocardial Dilatation DATE OF ONSET **Nov 7-34**
Angina Pectoris **2 y.**
Chronic indigestion **Nov 6-34**

12. BIRTHPLACE CITY OR TOWN **Zanesville**
STATE OR COUNTRY **Ohio**

13. NAME **Lewis M. Grey**

14. BIRTHPLACE CITY OR TOWN **unknown**
STATE OR COUNTRY **Ohio**

15. MAIDEN NAME **Alice Zane**

16. BIRTHPLACE CITY OR TOWN **Wheeling**
STATE OR COUNTRY **West Virginia**

IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY **no**
CONDITION FOR WHICH PERFORMED NAME LABORATORY TESTS _____
CONFIRMING DIAGNOSIS _____

17. LENGTH OF RESIDENCE
A. CITY, TOWN OR RURAL DISTRICT OF DEATH **14** YEARS MONTHS DAYS
B. IN CALIFORNIA **16** YEARS MONTHS DAYS
C. IN U.S. IF OF FOREIGN BIRTH YEARS MONTHS DAYS

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING
ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY _____
INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? MANNER OF INJURY _____ NATURE OF INJURY _____

18. INFORMANT SIGNATURE **R. C. Grey**
ADDRESS **1170 Rubio, Altadena**

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____
27. SIGNATURE **E. S. Greening** M.D.
PHYSICIAN, AUTOPSY SECTION
ADDRESS **2044 Hardman Blvd. Los Angeles**

19. BURIAL, CREMATION OR REMOVAL **burial**
PLACE **Mt. View Cemetery** DATE **11-10-34**

20. EMBALMER LICENSE NO. **1504**
SIGNATURE **R. W. Stevens**
FUNERAL DIRECTOR **R. W. Stevens**
ADDRESS **Pasadena, Calif.**

28. WHEN REQUIRED BY LAW _____ CORONER
COUNTY OF _____

21. FILED **11/10/34**
DATE By **Carolyn Berley**
LOCAL REGISTRAR