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Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. _____

1. PLACE OF DEATH
 County Gila State ARIZONA Registered No. 49
 Township _____ or Village _____ or
 City Globe No. Gila County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 18 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred? 22 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

2. FULL NAME James H. Rockelman
 (a) Residence: No. 434 Parker St. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and state)

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED, or DIVORCED, (Write the word) Widowed

5a If married, widowed, or divorced
 HUSBAND of Mrs. - - Rockelman
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 5, 1879

7. AGE Years 60 Months 1 Days 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jefferson City
 (State or Country) No.

13. NAME No record

14. BIRTHPLACE (city or town) _____
 (State or Country) _____

15. MAIDEN NAME No record

16. BIRTHPLACE (city or town) _____
 (State or Country) _____

17. INFORMANT Gila County Hospital
 (Address) Globe Arizona

18. BERTH BY CREMATION OR REMOVAL Burial
 Place Globe Cemetery Date May 19, 1939

19. EMBALMER License No. 15-A
 Signature [Signature]
 FUNERAL DIRECTOR License 10-A [Signature]
 Address Globe Arizona

20. Filed May 19, 1939 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to May 5, 1939
 I last saw him alive on May 5, 1939; death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:
Cancer of Liver Date of Onset 6 mos

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) [Address]

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.