

9469

Dr. S. I. Bloomhart ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 301
Registrar's No. 158

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 1118 W. Coronado
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 15 Yrs.; in Arizona 15 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 1118 W. Coronado; (e) Citizen of foreign country (yes or No) _____
3. (a) FULL NAME FOSTER HAVEN ROCKWELL (b) If Veteran name war No. Yes, which country _____ Social Security No. _____ (If NONE write the word)

4. Sex <u>Male</u>	5. Color or Race <u>White</u>	6. (a) Single, married, widowed or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Margaret Rockwell</u>		6. (c) Age of husband or wife, if alive. <u>52</u> yrs.
7. Birthdate of deceased <u>Aug. 15th, 1880</u> (Month) (Day) (Year)		
8. AGE: Years <u>61</u>	Months <u>5</u>	Days <u>11</u> If less than one day hrs. _____ min. _____
9. Birthplace <u>Vermont</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Hotel Operator</u>		
11. Industry or Business <u>Retired 4yrs ago</u>		
Father	12. Name <u>Lyman Eddy Rockwell</u>	
	13. Birthplace <u>Petersburg, Vermont</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Ida Estelle Campbell</u>	
	15. Birthplace <u>Unknown</u> (City, town or county) (State or Country)	

16. (a) Informant's own signature Mrs. Margaret Rockwell, wife
(b) Address 1118 W. Coronado, Phx. Arizona.
17. (a) Burial, Cremation or Removal Cremation
(b) Place Greenwood Cemetery Date 1-28-42 19__
18. (a) Embalmer's Signature C. Stanley Clegg,
(b) Funeral Director A.L. Moore & Sons,
(c) Address Phoenix, Arizona.
JAN 29 1942
19. (a) _____ (Date received local Registrar)
(b) [Signature] (Registrar's Signature)
20M 100% Reg. 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Jan. 26th, 1942, 19__;
TIME (Hour and minute) 11:55 p. M. M.
21. I hereby certify that I attended the deceased from Sept
1932 to Jan 26, 19__ 42.
that I last saw h. is alive on Jan 26, 19__ 42
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
cardiac hypertrophy with
decompensation.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings _____
Of operations _____
Wife autopsy no

DURATION <u>front</u> <u>and</u> <u>chest</u>
PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature [Signature] M. D.
Address Phoenix, Ariz Date signed Jan 27-42