ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 92

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 130

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Morenci — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Morenci — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Samuel
B. (MIDDLE): Cole
C. (LAST): Cosper

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: Jun; DAY: 23; YEAR: 51
8. AGE (IN YEARS LAST BIRTHDAY): 3 — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Infant
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Morenci Ariz
11. CITIZEN OF WHAT COUNTRY? U. S.
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.: None
14A. FATHER'S NAME: Raleigh Cosper
14B. BIRTHPLACE (STATE OR COUNTRY): California
15A. MOTHER'S MAIDEN NAME: Joy Nations
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Raleigh L. Cosper — ADDRESS: Morenci, Arizona
17. DATE OF DEATH (MONTH): January (DAY): 3 (YEAR): 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 5040
‡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) Acute lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 10 wks

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M:
21E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-3, 19 55, TO 1-3, 19 55, THAT I LAST SAW THE DECEASED ALIVE ON 1-3-55, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Wilbur R. Ford M.D.
23B. ADDRESS: P.O. Box 128 Morenci Ariz
23C. DATE SIGNED: 1-3-55

24A. BURIAL [ ] **CREMATION** [ ] **REMOVAL** [X]
24B. DATE: Jan 3, 1955
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): DUNCAN, ~~Franklin~~, Arizona
25A. DATE REC'D BY LOCAL REG.: Jan 3, 1955
25B. REGISTRAR'S SIGNATURE: Guy Strickland
26. FUNERAL DIRECTOR'S SIGNATURE: Raleigh L. Cosper — ADDRESS: Morenci
27. EMBALMER'S SIGNATURE: Not embalmed — CERT. NO.

FORM VS 2 REV. 1-1-53