1971

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 255
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg Rural (If outside city limits also write RURAL) (c) Location Home (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 19 yrs (Specify whether years, months or days) ; In Arizona 21 yrs

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Wickenburg (If outside city limits also write RURAL)

(d) Street No. Wickenburg Ariz. (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME James Alfred Copeland (b) If veteran name war (c) Social Security No. none (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Married

6. (b) Name of husband or wife Lola Smith Copeland 6. (c) Age of husband wife, if alive 63 yrs.

7. Birthdate of deceased January (Month) 23 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70			hrs. min.

9. Birthplace Nashville (City, town or county) Arkansas (State or Country)

10. Usual Occupation Doctor of Medicine

11. Industry or Business

Father
12. Name William C. Copeland
13. Birthplace Memphis (City, town or county) Tennessee (State or Country)

Mother
14. Maiden Name Mary E. Scott
15. Birthplace Arkansas (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Lola Copeland
(b) Address Wickenburg Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Wickenburg (c) Date July 24 1941

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Arizona

19. (a) July 23 1941 (Date received local Registrar)
(b) Naomi M. Coffinger (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 7/22/41, 19; TIME (Hour and minute) 10 30 P M.

21. I hereby certify that I attended the deceased from June 1 1941, 19 to , 19; that I last saw him alive on 7/22/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma head of Pancreas — DURATION Questionable

Due to Dehydration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 Floyd B. Brallier M. D.
Address Wickenburg Date signed 7/23/41