

135

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 123  
Registrar's No. 54

1. Place of Death: (a) County Graham (b) City or Town Central (c) Location \_\_\_\_\_  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 13 yrs.  
(Specify whether years, months or days) In Arizona 25 yrs.  
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Central  
(If outside city limits also write RURAL) (d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country (Yes or No) None  
3. (a) FULL NAME Marabaho Martin Cope (b) If Veteran name war None (c) Social Security No. no.

4. Sex Male 5. Race White  
White  Indian  Negro   
Oriental  White  
6. (a) Single, married, widowed or divorced Married  
(b) Name of husband or wife Maudie Cope (c) Age of husband or wife, if alive 37 yrs.  
7. Birthdate of deceased Aug 28 1887  
(Month) (Day) (Year)  
8. AGE: Years 57 Months 1 Days \_\_\_\_\_  
If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rockwell, Co Texas  
(City, town or county) (State or Country)  
10. Usual Occupation Farmer  
11. Industry or Business \_\_\_\_\_  
12. Name Henry Thomas Copes  
13. Birthplace H. C.  
(City, town or county) (State or Country)  
14. Maiden Name Mary Ellen Bailey  
15. Birthplace Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Maudie Cope  
(b) Address Prima, Ariz

17. (a) Burial, Cremation or Removal Burial  
(b) Place Prima Ariz (c) Date Sept 28 1944

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director N. C. Rawson  
(c) Address Safford, Ariz

19. (a) Sept 9th 1944  
(b) G. W. Martin M.D.  
(Registrar's Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) Sept 25 1944  
TIME (Hour and minute) 6 P.M.  
21. I hereby certify that I attended the deceased from July 1 1944  
to Sept 25 1944  
that I last saw him alive on Sept 25 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death acute dilatation of the heart (rupture aorta)  
Due to over strain from lifting heavy box  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 G. W. Martin M. D.  
Address Safford Date signed 9-28-44