ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 6613

BIRTH NO.

REGISTRAR'S NO. 127-

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 4 mos; IN ARIZONA: 2½ yrs
C. CITY OR TOWN: Bisbee — [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): Copper Queen Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Bisbee — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 512 Brophy Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARSHA B. (MIDDLE) C. (LAST) HOOPES
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
7. DATE OF BIRTH: MONTH 2 DAY 14 YEAR 1951
8. AGE (IN YEARS LAST BIRTHDAY): 2 — 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): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Chester L. Hoopes
14B. BIRTHPLACE (STATE OR COUNTRY): California
15A. MOTHER'S MAIDEN NAME: Sarah Audrey Asay
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Chester L. Hoopes — ADDRESS: Bisbee, Ariz.
17. DATE OF DEATH (MONTH) November (DAY) 9 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 8244
*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
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) compound occipital skull fracture with herniation of brain, traumatic — INTERVAL BETWEEN ONSET AND DEATH: 4 hr
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.

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ] (SPECIFY): accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Naco-Bisbee Road
21C. (CITY OR TOWN) (COUNTY) (STATE): Bisbee, Cochise, Ariz.
21D. TIME OF INJURY (MONTH) Nov. (DAY) 9 (YEAR) 1953 (HOUR) 5:30 pm
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21F. HOW DID INJURY OCCUR? Fell out of rear door of moving auto

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-9, 19 53, TO 11-9, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON 11-9, 19 53, AND THAT DEATH OCCURRED AT 9:20 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Charles Keene M.D. (DEGREE OR TITLE) M.D. — County Attorney acting for Coroner
23B. ADDRESS: Bisbee, Ariz.
23C. DATE SIGNED: 11/10/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
24B. DATE: 11/11/53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Thatcher, Arizona
25A. DATE REC'D BY LOCAL REG.: 11-11-53
25B. REGISTRAR'S SIGNATURE: Margaret J. Maloney
26. FUNERAL DIRECTOR'S SIGNATURE: HUBBARD MORTUARY, Bisbee, Ariz. — ADDRESS
27. EMBALMER'S SIGNATURE: J. Grill — CERT. NO. 358-A

FORM VS 2 REV. 4-15-52