

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **93**

BIRTH NO.

PLACE OF DEATH AND RESIDENCE 04 97 804	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>life</b> IN ARIZONA <b>life</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
	C. CITY OR TOWN <b>San Carlos</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>San Carlos</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>San Carlos Indian Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>San Carlos Indian Reservation</b>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Ruby</b> B. (MIDDLE) <b>Modless</b> C. (LAST)		4. SEX <b>female</b>		5. COLOR OR RACE <b>Indian</b>	

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>		7. DATE OF BIRTH MONTH <b>Feb</b> DAY <b>22</b> YEAR <b>1922</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>33</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>housewife</b>	
6B. NAME OF SPOUSE <b>David Modless</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>San Carlos, Ariz.</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>no</b>		13. SOCIAL SECURITY NO. <b>none</b>	
14A. FATHER'S NAME <b>Willis Lockwood</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	
15A. MOTHER'S MAIDEN NAME <b>May Lockwood</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	

16. INFORMANT'S SIGNATURE (mother) <b>Willis Lockwood</b>		ADDRESS <b>Miami, Arizona</b>		17. DATE OF DEATH MONTH <b>January</b> DAY <b>9</b> YEAR <b>1956</b>	
---	--	-------------------------------	--	---	--

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASYMNHIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <b>Emphysema of Mediastinum.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) _____ DUE TO (C) _____		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Jan. 7**, 19**56**, TO **Jan. 9**, 19**56**, AND THAT DEATH OCCURRED AT **4:20 P.** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <b>Harold L. Paulsen M.D.</b>	22B. ADDRESS <b>San Carlos, Arizona</b>	22C. DATE SIGNED <b>1-9-56</b>
---	--	-----------------------------------

25A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	25B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	25C. (CITY OR TOWN) (COUNTY) (STATE)
--	--	--------------------------------------

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
---	--	----------------------------

24A. CORONER'S SIGNATURE <b>Harold L. Paulsen M.D.</b>	24B. ADDRESS <b>San Carlos, Arizona</b>	24C. DATE SIGNED <b>2-16-56</b>
---	--	------------------------------------

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>January 13, 1956</b>	25C. NAME OF CEMETERY OR CREMATORY <b>San Carlos Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>San Carlos, Arizona</b>
--	--------------------------------------	--	---

26A. DATE REC. BY LOCAL REG. <b>Jan. 31, 1956</b>	26B. REGISTRAR'S SIGNATURE <b>James Russell</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>James Russell</b>	27B. ADDRESS <b>Globe, Arizona</b>
--	--	---	---------------------------------------