ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3666

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 147

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 6 Mo OR ARIZONA: 6 Mo
C. CITY OR TOWN: 42 Miles N. W. of Buckeye, Ariz. — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Mi. N. W. of Buckeye, Ariz.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Nueva Leon
B. COUNTY: Unknown
C. CITY OR TOWN: Los Aldenas, Mexico — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: Gen Del
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MODESTO B. (MIDDLE) SOLIZ C. (LAST) ALANIZ
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Felecia Garcia Alaniz
7. DATE OF BIRTH: MONTH [illegible] DAY 3 YEAR 1930
8. AGE (IN YEARS LAST BIRTHDAY): 28
IF UNDER 1 YEAR: MONTHS 3 DAYS 1 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BULK OF LIFE EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? Mexico
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. 52-54-4197
14A. FATHER'S NAME: Isaac Alaniz
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Francisca Soliz
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: [illegible] ADDRESS: Box 150 Parker, Cal
17. DATE OF DEATH (MONTH) May (DAY) 4 (YEAR) 1958

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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Exsanguinating hemorrhage due to stab wounds of left thigh
DUE TO (B)
DUE TO (C)
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. No inquest

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. TO 5-4, 1958. THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Homer B. Davis M.D. — MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 5-4-58

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Homicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 42 miles west of Buckeye
23C. (CITY OR TOWN) (COUNTY) (STATE): Buckeye, Mari., Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): May 4, 1958 2:00 am
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Stabbed in knee during fight.

24A. CORONER'S SIGNATURE: [illegible] Meck
24B. ADDRESS: Buckeye, Arizona
24C. DATE SIGNED: 5/6/58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5/6/58
25C. NAME OF CEMETERY OR CREMATORY: Louis B. Hazelton
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye, Arizona

26A. DATE REC. BY LOCAL REG.: 5/10/58
26B. REGISTRAR'S SIGNATURE: Anna Bowr
27A. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Gaulley
27B. ADDRESS: Buckeye, Ariz.
28. EMBALMER'S SIGNATURE: Paul M. Gaulley
28B. EMBALMER'S CERT. NO. 264A.

FORM VS-2 REV. 3-15-55

CAUSE OF DEATH AND INTERNAL RESIDENCE — DECEDENT PERSONAL DATA — CAUSE OF DEATH (ITEM 18) — OPERATIONS, AUTOPSY — MEDICAL CERTIFICATION — CORONER'S CERTIFICATION — FUNERAL DIRECTOR AND REGISTRAR