

589

San Carlos Agency

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# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1. PLACE OF DEATH  
 County Gila State Arizona Registered No. 75  
 Township On reservation without medical service City San Carlos  
 City \_\_\_\_\_ No. NO hospital \_\_\_\_\_  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If death occurred in a hospital or institution, give its name instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 How long in U. S. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If not born in U. S., give date and place of birth)

2. FULL NAME Modless, Ruby  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
San Carlos, Arizona (Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced  
 HUSBAND of Modless, Charlie  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) ? ? 1911

7. AGE Years 24 Months ? Days ? If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec. 1935 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) San Carlos,  
 (State or country) Arizona

13. NAME Allen, Curtiss

14. BIRTHPLACE (city or town) San Carlos  
 (State or country) Arizona

15. MAIDEN NAME Jerane, Fanny

16. BIRTHPLACE (city or town) San Carlos  
 (State or country) ARIZONA

17. INFORMANT Sarah Babb  
 (Address) San Carlos, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place San Carlos Date Dec. 5, 1935

19. UNDERTAKER Fred A. Jones  
 (Address) License No. A, Globe, Ariz.

20. FILED Dec. 31, 1935 Fred A. Kennedy  
 Registrar

2006

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Cause unknown, died without medical attention

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Fred A. Kennedy M. D.  
 (Address) San Carlos, Ariz.

MARGIN RESERVED FOR BINDING

8-2007  
U.S. No. 98

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.