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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Gila (b) City or Town San Carlos (c) Location At Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community Life; in Arizona Life  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town San Carlos  
(If outside city limits also write RURAL)

(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) \_\_\_\_\_

3. (a) FULL NAME Benjamin Modless (b) If Veteran name (was) NO If Yes, which country \_\_\_\_\_  
Social Security No. NO (If NONE write the word)

4. Sex <b>Male</b>	5. Color or Race <b>Apache</b>	6. (a) Single, married, widowed or divorced <b>Single</b>
6. (b) Name of husband or wife		6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased <u>May 4 1941</u> (Month) (Day) (Year)		
8. AGE: Years	Months	Days
<u>1</u>	<u>--</u>	<u>14</u>
If less than one day hrs. _____ min. _____		
9. Birthplace <u>San Carlos Reserve, Arizona</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>None</u>		
11. Industry or Business _____		
Father	12. Name <u>David Modless</u>	
	13. Birthplace <u>San Carlos Res., Arizona</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Ruby Lockwood</u>	
	15. Birthplace <u>San Carlos Res., Arizona</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Ruby Modless</u>		
(b) Address <u>San Carlos, Arizona</u>		
17. (a) Burial, Cremation or Removal <u>Burial</u>		
(b) Place <u>San Carlos</u> (c) Date <u>5/6 19 42</u>		
18. (a) Embalmer's Signature <u>--</u>		
(b) Funeral Director <u>--</u>		
(c) Address <u>--</u>		
19. (a) <u>May 6, 1942</u> (Date received local Registrar)		
(b) <u>[Signature]</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 28, 19 42;  
TIME (Hour and minute) 7:00

21. I hereby certify that I attended the deceased from April 14 A.M., 19 42 to April 28, 19 42;  
that I last saw him im alive on April 28, 19 42;  
and that death occurred on the date and hour stated above.

Immediate cause of death Healed

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 [Signature] M. D.  
Address San Carlos, Ariz. Date signed 5-9-42

DURATION

10  
days

PHYSICIAN

Underline the cause to which death should be charged statistically