

112

11-15-44

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 101
Registrar's No. 168

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location M. J. Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 4 days; In Community _____; in Arizona 6-20-02
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)
(d) Street No. Schultz Ranch; (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Ruby Ann Modless (b) If Veteran name war no (c) Social Security No. none

4. Sex Female 5. Color or Race Indian 6. (a) Single, married, widowed or divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 6 1944
(Month) (Day) (Year)
8. AGE: Years _____ Months 5 Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Miami Ariz.
(City, town or county) (State or Country)

10. Usual Occupation _____
11. Industry or Business _____

Father { 12. Name Wayne Modless
13. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Ruby L. Lockwood
15. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Dave Modless
(b) Address Miami Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place San Carlos (c) Date Sept 7 1944

18. (a) Embalmer's Signature J. M. Miles Jr.
(b) Funeral Director Miles Mortuary
(c) Address Miami Ariz.

19. (a) Oct 28 1944
(Date received local Registrar)
(b) Robert D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Sept. 6 1944
TIME (Hour and minute) _____ M.

21. I hereby certify that I attended the deceased from 9/11/44
9/6 1944 to _____ 19____;
that I last saw h. is alive on 9/6/44 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically

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 J. H. Moore M. D.
Address Miami Ariz. Date signed 9/6/44