

9306

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 84
Registrar's No. 45

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location Mackey's Camp
(If outside city limits also write RURAL) (St. & No., (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution none; In Community 3 mo; In Arizona 4 mo
(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. Mackey's Camp (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Evelyn Jane Modlasi (b) If Veteran name war no (c) Social Security No. no

4. Sex Female 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Infant (b) (c) Age of husband or wife, if alive. 0 yrs.
7. Birthdate of deceased March 6 1947
(Month) (Day) (Year)
8. AGE: Years 0 Months 4 Days 18 hrs. 0 min. If less than one day
9. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

10. Usual Occupation —
11. Industry or Business —
12. Name Dave Modlasi
13. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)
14. Maiden Name Ruby Lockwood
15. Birthplace San Carlos Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Dewey Young
(b) Address Miami Ariz.
17. (a) Burial, Cremation or Removal Removal
(b) Place San Carlos Ariz. (c) Date July 25 1947
18. (a) Embalmer's Signature W. J. ...
(b) Funeral Director W. J. ...
(c) Address Miami Ariz.
19. (a) July 25 1947
(Date received Local Registrar)
(b) Nelson D. Brayton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 24 1947
TIME (Hour and minute) 6:00 P.M.
21. I hereby certify that I attended the deceased from July 24 1947
that I did not see her alive on — 19— to — 19—
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Pneumonia
Due to —
Other conditions (include pregnancy within three months of death) —
Major findings: Of operations —
Of autopsy —

DURATION ill 2 days
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 Nelson D. Brayton M. D.
Address Miami Date signed July 25 1947