1480

If [illegible] item can [illegible] be obtai[illegible] insert the word "unkno[illegible]." Make every effort p[illegible]sible to secu[illegible] [illegible]s infor[illegible]ation. Incorrect certificates will be returned for correction.

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH 37665

TERRITORIAL INDEX NO.

COUNTY REGISTERED NO. 356

LOCAL REGISTRAR'S NO.

PLACE OF DEATH

COUNTY Cochise

DISTRICT Paradise

TOWN ~~OR CITY~~ Paradise NO. Whitetail Canyon Cochise Co ST.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Francisco Pacheco

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR or RACE ~~White~~ ~~Black~~ Mexican ~~Indian~~ ~~Chinese~~

SINGLE MARRIED WIDOWED or DIVORCED

DATE OF BIRTH ..... (Month) ..... (Day) ..... 19 (Year)

AGE 11 yrs. ..... mos. ..... days

If less than 1 day, ... hrs., or ..... min.

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Mexico

PARENTS

NAME OF FATHER Jose Pacheco

BIRTHPLACE OF FATHER (State or country) Mexico

MAIDEN NAME OF MOTHER Do not Know

BIRTHPLACE OF MOTHER (State or country) Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pedro Ortiz

(Address) Paradise Ariz

PLACE OF BURIAL OR REMOVAL Paradise Ariz

DATE OF BURIAL OR REMOVAL June 12 1913

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 11 (Day) 1913 (Year)

I hereby certify, that I attended deceased from ..... 191 to ..... 191 ; that I last saw h ..... alive on ..... 191 and that death occurred on the date stated above at ..... M. The DISEASE or INJURY causing Death was as follows: Committed Suicide

..... (Duration) ..... yrs. ..... mos. ..... days

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

..... (Duration) ..... yrs. ..... mos. ..... days

(Signed) ..... , M. D

..... , 191 ..... (Address) .....

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. ..... mos. ..... ds. In Arizona ..... yrs. ..... mos. ..... ds.

Former or Usual Residence

Filed ..... 191 J C Hancock Local Registrar

Filed July 21 1913 L. L. Minier