

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. **5123**

13380

<p>1. PLACE OF DEATH A. COUNTY Gila</p>		<p>2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Gila</p>	
<p>3. NAME OF DECEASED (TYPE OR PRINT) Francis Pechuli</p>		<p>4. SEX male</p>	
<p>5. COLOR OR RACE Indian</p>		<p>6. BIRTHPLACE (STATE OR COUNTRY) Arizona</p>	
<p>7. DATE OF BIRTH YEAR 1952 MONTH Aug DAY 31</p>		<p>8. AGE YEARS 0 MONTHS 0 DAYS 4</p>	
<p>9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona</p>		<p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). infant</p>	
<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona</p>		<p>12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no</p>	
<p>11. CITIZEN OF WHAT COUNTRY? U.S.A.</p>		<p>13. SOCIAL SECURITY NO. none</p>	
<p>14. FATHER'S NAME Bert Pechuli</p>		<p>15A. MOTHER'S MAIDEN NAME Violet Hunter</p>	
<p>15B. BIRTHPLACE (STATE OR COUNTRY) Arizona</p>		<p>17. DATE OF DEATH (MONTH) September (DAY) 4 (YEAR) 1952</p>	
<p>16. INFORMANT'S SIGNATURE From the records of San Carlos Hospital</p>		<p>18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). Acute Enteritis</p>	
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>	
<p>19C. DATE OF OPERATION</p>		<p>19D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</p>		<p>21C. (CITY OR TOWN) (COUNTY) (STATE)</p>	
<p>21A. ACCIDENT SUICIDE HOMICIDE</p>		<p>21E. INJURY OCCURRED WHILE AT WORK? (CHECK ONE) AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/></p>	
<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>21D. TIME (MONTH) (DAY) (YEAR) (HOUR)</p>		<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Sept 5, 1952 AND THAT DEATH OCCURRED AT 3 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p>	
<p>21C. (CITY OR TOWN) (COUNTY) (STATE)</p>		<p>23. SIGNATURE <i>James J. Randall</i> M.D. 23B. ADDRESS Bylas, Arizona</p>	
<p>23A. SIGNATURE</p>		<p>23C. DATE SIGNED 9-4-52</p>	
<p>24. ACCIDENT SUICIDE HOMICIDE</p>		<p>24B. DATE Sept 6, 1952</p>	
<p>24A. BURIAL CREMATION REMOVAL</p>		<p>24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery</p>	
<p>25A. DATE REC'D BY LOCAL REG. Sept. 10, 1952</p>		<p>24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona</p>	
<p>25B. REGISTRAR'S SIGNATURE <i>James J. Randall</i></p>		<p>26. FUNERAL DIRECTOR'S SIGNATURE (Buried by parnets)</p>	
<p>25C. LOCAL REG.</p>		<p>27. EMBALMER'S SIGNATURE</p>	
<p>25D. LOCAL REG.</p>		<p>CERT. NO.</p>	