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MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH State File No. 90

1. PLACE OF DEATH
 County Gila State ARIZONA
 Township Hayden or Village _____
 City _____ No. _____ or Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of No. and number)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 7 ds. How long in U. S. of fore. birth _____ yrs. _____ mos. _____ ds.
 How long in State when death occurred 7 yrs. 11 mos. 7 ds.

2. FULL NAME Margurite Santos Pacheco
 (a) Residence: No. Hayden, Arizona St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>	
6a. If married, widowed, or divorced HUSBAND of <u>Guillermo Pacheco</u> (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Nov 17 1916</u>			
7. AGE	Years <u>20</u>	Months <u>11</u>	Days <u>7</u>
			If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year) <u>Oct 1937</u>		11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (city or town) (State or Country) <u>Mammoth, Arizona</u>			
13. NAME <u>Rufugio Santos</u>			
14. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>			
15. MAIDEN NAME <u>Rufugia Figueroa</u>			
16. BIRTHPLACE (city or town) (State or Country) <u>Tucson</u>			
17. INFORMANT (Address) <u>Ysaacel Figueroa Hayden, Arizona</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winkelman</u> Date <u>10-26-1937</u>			
19. EMBALMER { License No. <u>48</u> Signature _____ FUNERAL DIRECTOR <u>P. L. Hutton</u> Address <u>Winkelman, Arizona</u>			
20. Filed <u>10-25-37</u> 19 <u>W. J. Park</u> Registrar			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year) <u>Oct 24 1937</u>	Date of Onset _____
I HEREBY CERTIFY, that I attended deceased from <u>Oct 23 1937</u> to <u>Oct 24 1937</u>	
I last saw her alive on <u>Oct 24 1937</u> death is said to have occurred on the date stated above, at <u>12:15 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Pulmonary embolism</u>	
Other contributory causes of importance: <u>Post partum hemorrhage</u>	
Name of operator <u>for ap</u> Date of <u>Oct 24</u>	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>Charles H. Hutton</u> M. D. (Address) <u>Hayden, Arizona</u>	