

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

89

State File No. _____
Registrar's No. _____
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location St. J. Hospital
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution 1 hr; In Community 3 months; in Arizona 3 months
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State New Mexico; (b) County San Miguel; (c) City or Town Montezuma
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (yes or No) no
If Yes, which country _____ (c) Social Security No. 720-03-4264

3. (a) FULL NAME Claude Ruben Pacheco (b) If Veteran name was no

4. Sex <u>Male</u>	5. Color or Race <u>Latin America</u>	6. (a) Single, married, widowed or divorced <u>married</u>
6. (b) Name of husband or wife <u>Maria Santa Guadalupe</u>		6. (c) Age of husband or wife, if alive... <u>21</u> yrs.
7. Birthdate of deceased <u>April 15 1921</u> (Month) (Day) (Year)		
8. AGE: Years Months Days If less than one day <u>21 11 18</u> hrs. min.		
9. Birthplace <u>Mora City New Mexico</u> (City, town or county) (State or Country)		
10. Usual Occupation <u>Jack Hammer</u>		
11. Industry or Business <u>W. A. Bechtel Co</u>		
Father	12. Name <u>Claude U. Pacheco</u>	
	13. Birthplace <u>San Miguel City New Mexico</u> (City, town or county) (State or Country)	
Mother	14. Maiden Name <u>Celia Olivas</u>	
	15. Birthplace <u>Mora City New Mexico</u> (City, town or county) (State or Country)	
16. (a) Informant's own signature <u>Claude U. Pacheco</u>		
(b) Address <u>Las Vegas N.M.</u>		
17. (a) Burial, Cremation or Removal <u>Removal</u>		
(b) Place <u>Las Vegas N.M.</u> (c) Date <u>April 6 1943</u>		
18. (a) Embalmer's Signature <u>J. May Mahler</u>		
(b) Funeral Director <u>Miles Mortuary</u>		
(c) Address <u>Miami Arizona</u>		
19. (a) <u>April 5 1943</u> (Date received local Registrar)		
(b) <u>Heenan S. Brayton</u> (Registrar's Signature)		

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 3 1943
TIME (Hour and minute) 12³⁰ P.

21. I hereby certify that I attended the deceased from 4-3-43 12³⁰ PM to 4-3-43 4-3 PM, 1943;
that I last saw him alive on 4-3-43 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of skull

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence 4-3-43
(c) Where did injury occur? Gila ARIZ
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? INDUSTRIAL PLACE
(Specify type of place)
While at work? YES (e) Means of injury FALLING SLAB

23. Signature Margaret Kelly M. D.
Address Miami Arizona Date signed 4-4-43