

**ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 82
Registrar's No. 51

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 30 min. In Community life In Arizona life
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Gila (c) City or Town Globe
(If outside city limits also write RURAL)

(d) Street No. Box 1359 Globe, Arizona (e) Citizen of foreign country (Yes or No) No
If Yes, which country None (f) Social Security No. none

3. (a) FULL NAME Baby Girl Pacheco (b) If Veteran name war no

4. Sex fe 5. Race White Indian Negro Oriental

6. (a) Single, married, widowed or divorced single 6. (c) Age of husband or wife, if alive ** yrs.

7. Birthdate of deceased June 21, 1947 12:30 am
(Month) (Day) (Year)

8. AGE: Years ** Months ** Days ** If less than one day hrs. ** min. 30 min.

9. Birthplace Globe, Arizona
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

Father { 12. Name Guadalupe Pacheco
13. Birthplace Frank, California
(City, town or county) (State or Country)

Mother { 14. Maiden Name Isabella Lopez
15. Birthplace Globe, Arizona
(City, town or county) (State or Country)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 21, 1947
TIME (Hour and minute) 12:50 pm M.

21. I hereby certify that I attended the deceased from June 21, 1947 to June 21, 1947
that I last saw her alive on June 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death probably cerebral hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

1/2 hour

PHYSICIAN

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Bruce Pacheco father
(b) Address Box No. 1959 Globe, Arizona

17. (a) Burial, Cremation or Removal burial
(b) Place Globe Cemetery (c) Date June 24 1947

18. (a) Embalmer's Signature J. May Miller Sr.
(b) Funeral Director J. May Miller Sr.
(c) Address 328 E. Hill St. Globe, Ariz.

19. (a) June 23-47 (Date received Local Registrar)
(b) James W. Harner (Registrar's Signature)

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 T.C. Harper M. D.
Address Globe, Ariz. Date signed 6-23-47