

**CERTIFICATE OF FETAL DEATH**  
(STILLBIRTH)

STATE FILE NO.

594

1. PLACE OF FETAL DEATH A. COUNTY <i>Dade</i>	2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <i>Arizona</i> B. COUNTY <i>Dela</i>		REGISTRAR'S NO. <i>2</i>
	C. CITY OR TOWN <i>Miami</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
3. CHILD'S NAME (TYPE OR PRINT) <i>Alcain</i>		D. STREET ADDRESS <i>420 Gibson St</i>	
4. SEX <i>Female</i>		E. DATE OF FETAL DELIVERY <i>Dec. 19, 1954</i>	
5. THIS BIRTH A. (FIRST) <i>Roy</i> B. (MIDDLE) <i>Romero</i> C. (LAST) <i>Martinez</i>		6. DATE OF FETAL DELIVERY <i>Dec. 19, 1954</i>	
7. FATHER'S NAME A. (FIRST) <i>Roy</i> B. (MIDDLE) <i>Romero</i> C. (LAST) <i>Martinez</i>		8. COLOR OR RACE <i>Mexican</i>	
9. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <i>California</i>		10. USUAL RESIDENCE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>	
11. MOTHER'S MAIDEN NAME A. (FIRST) <i>Charlotte</i> B. (MIDDLE) <i>Martinez</i> C. (LAST) <i>Martinez</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Hotel</i>	
13. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>New Mexico</i>		14. COLOR OR RACE <i>Mexican</i>	
15. INFORMANT'S SIGNATURE <i>Bernice Martinez</i>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <i>0</i> B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <i>0</i> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <i>None.</i>	
17. LENGTH OF PREGNANCY <i>34</i> WEEKS		18. STATE ANY OPERATION FOR DELIVERY <i>none</i>	
18. DID MOTHER HAVE A TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19. WHEN DID FETAL DEATH OCCUR? <input checked="" type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN	
20. DIRECT CAUSE OF FETAL DEATH..... (A) <i>Placental Collapse</i>			
21. UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) _____ DUE TO (C) _____			
22. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)			
23. I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.		24. ATTENDANT'S SIGNATURE (SPECIFY IF M.D., MIDWIFE, OR OTHER) <i>Edg. Adley</i>	
25. DATE <i>Dec. 20, 1954</i>		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER <i>W. H. Sellen</i>	
27. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		28. LOCATION (CITY, TOWN OR COUNTY) (STATE) <i>Miami, Arizona</i>	
29. DATE REC'D BY LOCAL REGISTRAR <i>Dec 22, 1954</i>		30. FUNERAL DIRECTOR ADDRESS <i>W. H. Sellen Miami</i>	