:ONA STATE DEPARTMENT OF HEALTH
SION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 620

REGISTRAR'S NO. 14

E OF FETAL DEATH AND - RESIDENCE MOTHER

1. PLACE OF FETAL DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1642 N. 37th Ave

IS CHILD

3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): Dorothy B. (MIDDLE): Lee C. (LAST): Curlee
4. SEX: Female
5A. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED): 1ST ☐ 2ND ☐ 3RD ☐
6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR): 11-10-52
6B. HOUR: 11:30 PM

FATHER OF CHILD

7. FATHER'S NAME A. (FIRST) B. (MIDDLE) C. (LAST): Wallace Berkley Curlee
8. COLOR OR RACE: W-
9. AGE (AT TIME OF THIS BIRTH): 33
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Phoenix
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
12A. USUAL OCCUPATION: Sales Clerk
12B. KIND OF BUSINESS OR INDUSTRY: Gen. Petroleum Corp

MOTHER OF CHILD

13. MOTHER'S MAIDEN NAME A. (FIRST) B. (MIDDLE) C. (LAST): Florence Maurine Patterson
14. COLOR OR RACE: W-
15. AGE (AT TIME OF THIS BIRTH): 31
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
17A. USUAL OCCUPATION: H.W -
17B. KIND OF BUSINESS OR INDUSTRY: Home
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 2
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 0

FORMANT

19. INFORMANT'S SIGNATURE: Mrs. Maurine Curlee — ADDRESS: 1642 N. 37th Ave

MEDICAL ORMATION

20A. LENGTH OF PREGNANCY: 26 WEEKS
20B. WEIGHT AT BIRTH: 3 LBS. 3 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR.
21B. STATE ANY OPERATION FOR DELIVERY: None
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE July 52 NO ☐
23. WHEN DID FETAL DEATH OCCUR? ☒ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN

ROBABLE AUSE OF FETAL DEATH ITEM 24)

I. DIRECT CAUSE OF FETAL DEATH ..... (A) no known cause
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)
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)

TIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.
25A. ATTENDANT'S SIGNATURE (SPECIFY IF M.D., MIDWIFE, OR OTHER): Robert H Stump MD
25B. DATE SIGNED: 11-7-52
25C. ATTENDANT'S ADDRESS: 3301 W Van Buren
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER — TITLE

UNERAL IRECTOR AND EGISTRAR

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 11-13-52
27C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Phoenix, Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: 11/12/52
28B. REGISTRAR'S SIGNATURE: Beulah Johnston
29. FUNERAL DIRECTOR: A. Lee Moore — ADDRESS: 3330 Adams Phoenix

No 10 VS 120 10-1-52