ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 30
REGISTRAR'S NO. 3

15 15 PLACE OF FETAL DEATH 8 AND 8 USUAL RESIDENCE OF MOTHER 0202

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

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Apt. 159 Mesa Vista Homes

THIS CHILD 1 0 155

3. CHILD'S NAME (TYPE OR PRINT)
A. (FIRST): Infant of Mr. and Mrs. B. (MIDDLE): Charles P. C. (LAST): Davis

4. SEX: Male
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): Jan. 9 1955
6B. HOUR: 12:15 A.M.

FATHER OF CHILD 2 2 1

7. FATHER'S NAME
A. (FIRST): Charles B. (MIDDLE): P. C. (LAST): Davis
8. COLOR OR RACE: Cauc.
9. AGE (AT TIME OF THIS BIRTH): 22
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Yuma, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
12A. USUAL OCCUPATION: Airforce, a/1c.
12B. KIND OF BUSINESS OR INDUSTRY: U.S.Airforce

MOTHER OF CHILD 2 1 1

13. MOTHER'S MAIDEN NAME
A. (FIRST): Jeanne B. (MIDDLE): E. C. (LAST): Deck
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 21
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
17A. USUAL OCCUPATION: Housewife
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? 0
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 1

INFORMANT 0 1

19. INFORMANT'S SIGNATURE Charles P. Davis
ADDRESS: Yuma, Arizona

MEDICAL INFORMATION 2 5 —x—

20A. LENGTH OF PREGNANCY: 25 WEEKS
20B. WEIGHT AT BIRTH: macerated LBS. OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cardiovascular renal disease
21B. STATE ANY OPERATION FOR DELIVERY: none
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☐ DATE _____ NO ☐
23. WHEN DID FETAL DEATH OCCUR? 3 weeks ☐ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 1 0 9 9 1 1 3 0 3

I. DIRECT CAUSE OF FETAL DEATH (A) Placental insufficiency and infarction

UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) Hypertension

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)

CERTIFICATION 5

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): Howard M. Jordan M.D.
25B. DATE SIGNED: 1-10-55
25C. ATTENDANT'S ADDRESS: 1838 - 8th Ave
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

FUNERAL DIRECTOR AND REGISTRAR 9 3 7

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 1-13-55
27C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Yuma, Yuma, Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: Jan 10, 1955
28B. REGISTRAR'S SIGNATURE: Marie Nelson
29. FUNERAL DIRECTOR: The Johnson Mortuary, Inc. ADDRESS: Box 310, Yuma, Ariz.
Pres

VS 130 10-1-52